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PRESIDENT'S ADDRESS.*

By A. R. KIEFFER, M. D., of St. Louis.

The object of medical organization, tersely and comprehensively stated, is to advance the science and art of medicine; to improve the practitioner of every department of medicine and increase his efficiency in relieving human affliction. Our purpose is lofty and our ideals limited only by the fancy of each individual laborer in the vineyard of medicine.

Our profession had its origin in superstition and empiricism. For long ages after the acknowledged Father of Medicine concluded his labors, little progress was made. It seems incredible that scientists could calculate the distance, size and movements of planets, and anticipate with mathematical accuracy the occurrence of an eclipse, long before one of the commonest facts of physiology, the circulation of the blood, was understood.

The general advance in scientific knowledge, and an awakening to the fact that the human body, though divine, was, after all, a kind of a machine which could be understood only by a study of its parts and their relations, anatomically and physiologically; with the further fact that many, if not all, of the physiologic processes occurring in the body were the result of chemical affinities, in many instances capable of demonstration without the living body, and that all known biologic laws applied to our bodies, as well as to those of the lower orders, gave a tremendous impetus to the investigation of everything pertaining to the human body and related collateral sciences. In no other department of human endeavor has there been so much effort expended in searching for the hidden truths of science. Master minds in every civilized country on the globe have gratuitously contributed their best efforts in this grand cause, spurning financial inducement in other fields of labor; in one recent well-known instance even rounding out a fruitful career of ar-

*President's Address at the Annual Meeting of the Missouri State Medical Association, Jefferson City, May 18, 19, 20, 1909.

duous labor by actually sacrificing his life in the cause of preventive medicine. In the few years since this memorable event occurred, an actual demonstration of the sanitary possibilities in hitherto almost uninhabitable localities, has elicited the plaudits of civilization everywhere. To-day Havana and Panama are as free from yellow fever as northern seaports.

A few other noted examples of the fruits of the labor of original workers, in addition to the one just mentioned, which have done so much to improve the science and art of medicine, given without attempt at chronological arrangement, are the ligature, obstetric forceps, vaccination, quinine, anesthetics, asepsis and antisepsis, serum therapy, salt solution and the *x*-ray.

There are no signs of a waning interest in original investigation. On the contrary, more work is being done now than at any previous time. The Carnegie Institute should be the pride of every American. Never before was there so much inducement to work. Many intricate problems, of vast importance because of their relation to the science and art of medicine, are demanding a solution. The brilliant accomplishments of the recent past have stimulated confidence in the unlimited possibilities of the future. The discovery in very recent times of the telephone, Roentgen ray, antidiphtheritic serum, wireless telegraphy, and the part played by the mosquito in the transmission of disease, certainly warrants glorious anticipations for what the near future has in store for us.

Some of these discoveries have been made single-handed, as it were, and worked out to their present-day degree of efficiency before being promulgated to the profession and laity. A notable example of this is the work of Jenner in cow-pox and vaccinia. Others were a gradual evolution to which many contributed before valuable practical results were obtained.

Coöperation and organization are playing a larger part in the field of original investigation than formerly and are absolutely indispensable to a practical application of science in sanitation and preventive medicine. Formerly one who thoroughly qualified himself to practice his profession, and then unselfishly contributed to the relief of the afflictions of those who sought his help, in an individual way to the best of his ability, was entitled to the contentment due to duty done. Medicine had little scientific basis. There were few propositions about which there was common agreement. Coöperation in the practical application of scientific theories to the problems of sanitation and preventive medicine, was fruitless. Such is not now the case. Admitting that but part of the field has been ploughed, we now have sufficient definite scientific knowledge not merely to warrant but demand the heartiest coöperation. He who confines his efforts to his individual work, and refuses to give a part of his time gratuitously to the general demands of his profession, no longer merits the plaudits of his co-workers. We still have many able men

in our ranks in Missouri who are unwilling to see anything better in medical organization and coöperation than a mere play for position and personal advantage. The number, however, is growing smaller, while the ranks of those becoming enthusiastic are being constantly recruited. When every member of our glorious profession in the State appreciates his opportunity for doing good and the responsibilities of inaction in the fullest measure, then indeed will the millenium in medical affairs have arrived.

Thus far, since the so-called reorganization of the American Medical Association went into effect, much has been accomplished in increasing our membership. There has also been a great advance in the character and amount of scientific work done. Too much of this is in evidence only at our annual meetings. The large component societies have a great advantage in numbers. All such societies in the State are doing good work. With the small societies in rural districts, handicapped by distance and an even more exacting clientele than the city doctor, the problem of ideal work is a much more difficult matter. Yet every component society in the State ought to have a scientific program at least once a month. As much of this work as possible should be done by local talent. As much outside aid should be sought as is necessary to keep up a due amount of zeal. Social features on a limited scale will do much to strengthen the bond of fraternal fellowship in the society. It is my observation that our organization has already done much in softening the asperities and improving the comradeship among members in component societies. Let us hope that it will soon be entirely effaced. Such a happy consummation would mutually benefit the practitioner and the people among whom he practices.

District societies should be formed in every part of the State, due regard being given to a location accessible to the largest number of members. They should be large enough to insure a fair attendance. Meetings should be held at least three or four times a year. Many could go far enough away from home to attend these meetings who could not attend a state or national meeting.

The post-graduate idea should control, at least partly, the programs of component and district society meetings. When arranged without system the results would correspond to those obtained by conducting a mercantile or other business in a haphazard manner. In all societies having several meetings annually the papers and discussions could easily be so arranged as to constitute a review of the subject of medicine at stated periods. A portion of every program could be reserved for pathological specimens, clinics and important special subjects. To hold a position in the United States Army or Navy a medical officer must stand an examination every four years. Such a requirement by a state before permitting a doctor to continue in practice would be regarded as extremely harsh, and yet the principle is as sound as when applied to the United

States service. Our own impulses should stimulate us to strive to grow in the science and art of our profession.

Closely related to the desirability of growth and improvement in those practicing our profession is the proper education of candidates for the degree of doctor of medicine. It is the general public who should be most vitally concerned about this question. The quality of the service rendered to them by the physicians they employ will depend a great deal upon the standard of medical education required. And yet, strange to say, the public at large has manifested little interest in the subject of medical education. All advances have been prompted and secured by the physicians themselves, usually in spite of opposition by those who should have been most interested. Our zeal for advancement is accredited to selfish motives. We have never received due credit for earnestness.

By the medical profession and a very few of the more advanced element of the laity, medical education has received a great deal of attention during the past few years. Prior to this period it was badly neglected. Formerly two short courses of didactic lectures, the latter a repetition of the former, were considered quite enough opportunity to qualify a student to practice his profession. A mythical year's experience with a preceptor and certificate of good moral character, constituted the entrance requirement. Time was granted to make up deficiencies in both respects. The dissecting room was the only pretense of a laboratory. It must be admitted that the profession generally appreciated the importance of dissecting and knowledge of anatomy quite as keenly then as now. All other subjects were taught didactically, with the exception of an occasional clinic. Chemistry, histology and pathology were illustrated at long range. Microscopes were curiosities, or not in evidence at all. Some one has facetiously remarked that the best thing about this plan of teaching was the good opportunity the long interim between courses afforded for studying at home.

The discovery of the causative relation of bacteria to disease, together with a better appreciation of the necessity of practical information in chemistry, histology, pathology, physiology and materia medica, led to the addition of these laboratories to the course of study. An opportunity for a practical application of laboratory knowledge to the study of diseases required greater and more intimate clinical facilities. These additions and improvements, demanding a higher entrance requirement and four eight-month courses, have been made in the last twenty years.

The entrance requirement should be correlated to the educational opportunities throughout the country and the demands of the course of medical study. Uniformity is a great desideratum. There is a general agreement that a high school diploma or its actual equivalent is not too high. On account of educational backwardness some states do not yet require so high a standard although in agreement as to its desirability. As soon as possible they will require it. The council on medical education recommends one or two years in a school of liberal arts in addition

to the high school diploma. The number of medical colleges requiring such increased standard independent of legal requirement, is constantly increasing. A few even require a university diploma. Minnesota and North Dakota require two years in a school of liberal arts, and South Dakota, Kansas, Colorado and Connecticut, one. The students desiring examination must furnish evidence of such attendance before being admitted. Minnesota does not demand that medical colleges require such a standard, however, merely making it an individual matter with the graduate when he presents himself for license. This position for a medical examining board is liberal, tends to raise the standard and does not demoralize medical colleges not yet ready to adopt such an entrance requirement.

One of the objections to an extremely high entrance requirement is the age at which a graduate must arrive before being licensed to practice. If dependent upon his own resources it is nearly prohibitive. There is such a thing as settling down to one's life work too remote from the enthusiasm of youth to be entirely successful. I believe in developing to some extent in our calling, whatever it is, before our physical and mental development is completed. Unquestionably it will assist in the direction of a mutual adaptation. In the present age of exacting demands and sharp competition, a high degree of adaptability is absolutely essential to success. The medical profession should never be found guilty, even in the remotest degree, of favoring requirements for the purpose of increasing the difficulties of the students on the ground that we now have a supply of doctors equal to the demand.

Perfect coöperation by all the members of the Missouri State Medical Association in the matter of medical defense will result in great good. The motives of practitioners in all departments of medicine are second to those of individuals in no other calling. Yet there is a greater disposition on the part of the laity to bring damage suits against our members for alleged malpractice than exists anywhere else. Most of these cases are blackmail, pure and simple. Often they are instituted merely to evade the payment of a bill. Usually they are encouraged by some envious and unprincipled fellow-member, in collusion with an equally unprincipled attorney. A meritorious damage suit seldom occurs. Sound advice would be to settle such exceptional cases out of court. Any member of this Association guilty of encouraging a damage suit, or who is willing to lend his influence in the prosecution of such a case, should be ostracized, or summarily expelled.

Reports show that when medical defense has been adopted by state associations, great good has resulted. The percentage of suits has fallen off greatly, while damages are almost never allowed. When the public learn that our profession is a solid phalanx against unscrupulous attacks of this kind the disposition to sue for blackmail and fancied damage will be corrected. I know of practitioners who refuse to treat fractures and other classes of cases, without the association of another physician.

This causes delay and expense to patients, and yet the disposition to sue in some neighborhoods warrants it. Others keep their property out of their name to be in a position to withstand dishonest onslaughts.

The subject of expert testimony by members of our profession is an important one, and should receive consideration by our state organization. Medical expert testimony, as at present managed and used by the legal profession in sensational cases, has done much to blemish our character and lower our standard in the estimation of the public. Medicine is not now and never can be an exact science. Every intricate case thoroughly analyzed will disclose mooted propositions. These are usually of minor importance and, as occurring in consultation on the diagnosis or treatment of a patient, amount to little or nothing. But when brought out in a case in court and adroitly used in hypothetical questions, experts are made to appear to the public as arrayed directly against each other, even where there is no serious disagreement on the other main propositions. Such circumstances, associated with rumors of large fees, have discredited us immensely.

An expert should be learned and absolutely above reproach. We have such men in our ranks representing every department of medicine. The great desideratum in the interest of justice to the State and the standing of the medical profession is that only such men be permitted to serve as experts. How can we accomplish this? Can it be so arranged by common consent that our state organization furnish a list of members from whom experts must be selected?

In competition with medicine at the present time are numerous medical fads. Something similar has always existed. Therapy in any of our recognized irregular schools of medicine is simply a fad, differing from other fads in being based upon a knowledge of the anatomy, physiology, etc., of the human body. The chief other fads of to-day are Christian Science, Osteopathy, and the recently promulgated Emmanual movement. My object in referring to them is to show that the regular medical profession is in great measure responsible for their existence. Every one of them has a foundation of some sort, otherwise it would be impossible for them to flourish even for a short period. Each superstructure, however, has grown so large as to overhang and obscure its base. This resulting top-heaviness will ultimately result in the overthrow of all of them, and the glad day can be hastened by a recognition of the etiology, clinical history, pathology and therapy in each individual fad, and greater liberality on the part of the members of the regular medical profession themselves. I do not mean liberality in the sense of consultation with and a recognition of their worth, for I do not believe they have any, but in the sense of recognizing that we are responsible for them by having been too conservative. The growth of the science and art of medicine has been simply marvelous. We cannot cling to old traditions of therapy, neither should we too hastily accept new. We must

not for a moment conclude that our therapeutic knowledge of any disease is complete.

The present day attitude of the regular profession has just about finished homeopathy and eclecticism. Probably the effect of medical legislation, in compelling them to keep their bases as broad as ours, has done much to liberalize them in their therapy. At any rate, they are fast forsaking their craft. Students associating with those attending regular schools are apt to forsake them before finishing.

The principles and benefits of massage have been understood, but not properly appreciated, taught, nor practiced by us. The present success of osteopathy rests upon this fact: Osteopathy, literally speaking, is "bone-opathy." In its beginning it was predicated upon a belief that when we had pain or other evidence of disease that some bone was out of position. Later, they did not confine themselves to the theory that a bone was necessarily dislocated, but that some other organ or tissue was out of place. Although the possibilities for the success of the fad, on account of the sensitive and responsive state of mind of the laity, are passed understanding, this base was early found too small, and it grew and gravitated toward the above-mentioned low point in our armamentarium. Although but a few years old, about all there is left of the original osteopathy is the name, yet the range of their practice is now as broad as ours. I have found them massaging cases of acute peritonitis, diphtheria and herpes zoster. One of the best illustrations of the preposterousness of their pretensions is embodied in what one of their cult, of sufficient standing to be called from Kirksville to southern Illinois to treat a case, told me while en route. He said, as an illustration of the possibilities of osteopathy, that a patient who had gone the "rounds" in the regular profession without benefit, applied to Dr. Still. Upon examination it was ascertained that the eighteenth division of the multifidus spinæ muscle was dislocated. Manipulation restored the normal relations and the patient was instantly and permanently relieved. I then told him I was teaching anatomy and was familiar with this particular musculo-fibrous cord and regarded his statement as preposterous. He did not even blush. Had the regular schools taught the principles and application of massage in the art of medicine, osteopathy would never have gained a foot-hold. If properly taught now it will soon cure the fad.

Without pretending to discuss the tenets of Christian Science, it is our understanding that they deny the existence of disease. They recognize the divine source of the human body and invoke aid from the same source in regulating and restoring its perturbed functions. The pretensions of the Christian Scientist are in a higher degree preposterous in the estimation of a member of the medical profession than any other fad that ever existed. Unrestrained by law, their practices would result in great injury to the human race. Refusing to recognize the existence of disease, they cannot take cognizance of the contagiousness and in-

fectiousness of such diseases as scarlet fever, smallpox, diphtheria, measles, etc. For them to recommend the quarantine to prevent the spread of such diseases would necessitate the appreciation of a causative agency for such diseases which could be transmitted from the bodies of the sick easily to those in health. Their so-called cures always refer to the restoration to health of patients afflicted with some condition which has no appreciable pathology. They also take credit for the cure of patients afflicted with diseases which normally are corrected by the inherent forces in the bodies of the patients themselves. At first they pretend to cure all manner of disease; now, some of the more liberal do not claim ability to cure surgical diseases. The whole cult will soon be driven to this position.

From a surgical standpoint nothing is simpler than to diagnose and drain an abscess of the lung, diagnose and remove a fatty tumor, or diagnose and remove an ovarian cyst, for instance. These are mere, everyday examples of what is occurring in the practice of surgery, and yet the Christian Science healer would either have to deny the existence of such conditions, or admit his inability to influence favorably any of them. Practitioners have had too much empirical faith in their remedies. We have been too much given to prescribing nauseating doses for the correction of conditions which did not require medicine at all. A proper sanitary regulation of the patient's surroundings and habits, with a little mental encouragement, would have served the purpose of the case much better. At the present time the number of patients whom the doctor could satisfy without actually giving them a prescription, is small but is growing. If we endeavor to benefit our patients by making proper recommendations unaccompanied with medicine, the number that would be satisfied without medicine would rapidly increase. It is the objection of many people to taking medicine that causes them to turn to Christian Science. If such patients learn that they could get scientific recommendations without medicine, it is a logical deduction that they will not turn to Christian Science for relief.

The Emmanual treatment is in some respects similar to Christian Science. However, they do not pretend to be able to heal diseases, essentially surgical, nor to manage medical cases independent of a regular general practitioner of medicine. Their plan is to coöperate with the surgeon and the general practitioner by invoking divine aid in the restoration of the health of the patient. Every doctor endeavors to promote a reasonable degree of optimism in his patient to promote his convalescence. He believes that the benefit is due to the normal functions of the nervous system of his patient and not from any divine or outside influence. The state of the nerve centers has much to do with the action of the vasomotor and the vasodilator nerves, which regulate the circulation of the blood in the tissues upon which the tissues depend for nutrition, and the ability to ward off or overcome disease. The practitioner of the Emmanual movement cult seeks to invoke the divine

aid without pretending to understand minutely the physiology of the human body to secure the same result. It is my prediction that unless this fad soon runs its course its healers will become tired of coöperating with ordinary mortals in the management and cure of disease, and that they will go bag and baggage into the Christian Science camp.

It has always been a matter of sincere regret to me that the organized medical profession was capable of exerting so little influence. The situation is paradoxical. The confidence reposed in a family physician by his patrons is equaled only by that which mutually exists between the members of a well-bred family. It would be a safe deduction that the placebo effect of his prescriptions exceeds their actual physiologic effects. Consternation produced by forebodings as to the consequence of some slight injury is promptly succeeded by a calm upon his assurance that their fears are groundless. His character and ability are exaggerated in the minds of the whole household. There is, we must all admit, a greater disposition to appreciate his professional service than to remunerate him for it. Because of the peculiar esteem in which he is held by the people he is usually placed at the foot of the list of those to whom they are indebted, and which list of indebtedness it is their intention to liquidate in chronological order. He is not thought to be subject to the customary worldly necessities. He seems to be so willing to forego pleasures and make personal sacrifices for his clientele's benefit that many people believe he has no desire nor necessity for recreation in the customary deviations from the humdrum of everyday duties.

But as soon as he attempts to coöperate by organization with his fellow-workers for his personal scientific betterment, which would ultimately redound to the benefit of his patrons, or to secure medical legislation for the purpose of favoring an application of scientific knowledge to the solution of problems of sanitation, for the express benefit of the public and the limitation of his own work, his motives are immediately questioned. He is charged with attempting to influence legislation for the purpose of securing some personal advantage. The laity seems ready to believe these things. I once knew a candidate for the legislature of this State who repeatedly charged his opponent, when electioneering, with having attempted, when a member of the legislature, to secure legislation which would compel people to pay doctors larger fees. The character of the man made it nonsensical. I happen to know that for years he practiced without keeping a book for accounts. He repeated the charge while addressing a political meeting in my presence. I challenged his statement and he admitted he had no proof but had heard it said of him. Many of the people believed it, however, and it was his chief slogan in getting himself elected to the legislature, although there was no foundation whatever for the accusation.

Occasionally we hear a member of our profession challenge the honesty of purpose of those attempting to get improvements in our medical legislation. Perhaps these challenges have much to do with

the present attitude of the people in chafing under all sanitary restraints. Those living in cities, or in rural communities, temporarily affected with an epidemic of some highly infectious disease, like smallpox for instance, are constantly reminded of the attitude of the inhabitants against what they deem infringements on their personal rights.

Contemplate for a moment what would follow in a large city like the metropolis of this State if all sanitary laws were suspended and the inhabitants were permitted to do as they please in all matters affecting their health; children would be found in school, on the street cars, and playing in the streets, spotted with the eruption of smallpox, in the desquamation stage of scarlet fever, and convalescing from diphtheria. I personally know of an instance where a young man broke away from the restraining influence of the law while convalescing from scarlatina, and went to the country and was the direct agency in causing the death of two children, besides much other worry, heartaches and expense.

Notwithstanding our boasted present day intelligence and spirit of tolerance, it requires the strong arm of the law to compel people to take advantage of their opportunities in preventive medicine. They must be compelled to conform to sanitary regulations. And yet it requires no stretch of the imagination to see that the greater the restraining influence in preventing the spread of disease the more the work of physicians is curtailed. In other words, the interest manifested by the medical profession in preventive medicine cannot possibly serve selfish ends. Could we succeed in realizing our ideals our vocation would be sacrificed at the shrine of public duty. A loftier purpose has no existence. A logical deduction would be for our profession to be a unit in this grandest of work supported heartily by an intelligent, public spirited laity.

Can it be that the people object to the personnel of our profession? It would not please me to be twitted of scolding, and yet we all know that our conduct is not always calculated to inspire the degree of confidence the serious character of our work requires. Could the husbands, mothers and friends hear the frivolous conversation in the doctor's wash-room just prior to an operation, when a life is at stake and entitled to the most intense, serious and exclusive application of all known surgical measures for its relief, many an operation would be abruptly called off. Perhaps, on many other occasions, and more or less always during our routine labor, we are brought in contact with our patrons, this criticism holds good. Do we live up to our best information in matters of diet, drink, rest, the use of tobacco, etc.? Quaintly put, should it not be one of our important duties more nearly to practice what we preach? If by so doing we increase our influence for good, it certainly is.

THE TREND AND BENEFITS OF MODERN MEDICINE.*

By Robert H. Goodier, M. D., Hannibal, Mo.

It is with feelings of pride and gratulation we hail the progress and splendid achievements wrought in scientific medicine, especially through the last semicentennial of its history, as relates to improved methods of diagnosis, the interpretation and association of clinical and pathological manifestations and prophylaxis.

The physician has developed a very definite science in the examination of vital internal organs, whereby he apprehends and classifies certain morbid signs in physical diagnosis that enable him to locate and differentiate organic lesions peculiar to their economy.

Like the trained pianist, who knows by touch and ear the harmony of his instrument as he runs the gamut of its chords, so the physician, by auscultation and percussion, appreciates any alteration or departure in the rhythm and harmony of physiological unison. He also elicits the topographic boundaries of organs and determines change of position, alteration of structure, as relates to size or density, as well as evidence of perverted function, as indicated by a relative increase or decrease in normal dulness or resonance, with attendant subjective symptoms. By stomach analysis he predicates with remarkable accuracy morbid changes in its mucosa and mural organism. Again, by the use of many other ingenious aids and methods, he is constantly acquiring deeper insight and understanding of physiological processes that enable him better to appreciate disturbances or pathological changes in the physical economy, as well as the nature and etiology of the same. Moreover, the medical profession is the most vital and utilitarian of all human systems, and its benefactions are universally public and unselfish. The physician is absolutely unique in his example of disinterestedness and self-sacrifice. So high is his regard for, so responsible his duty to, individual as well as public welfare, he throws the protective ægis of his experience and knowledge over against the fateful conditions that assail these interests, without thought of reward, and ofttimes unmindful of his own personal security. In the Johns Hopkins University there is a memorial tablet sacred to the memory of Lazear, who lost his life demonstrating research experiments in yellow fever on his own person, that could not be tried upon lower animals; the tablet bears this inscription, by President Eliott: "With more than the courage and devotion of the soldier he risked and lost his life to show how a fearful pestilence is communicated, and how

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its ravages may be prevented." Medical annals can furnish many such illustrious characters and examples of heroic sacrifice. Indeed, in almost every grievous epidemic of disease or plague-stricken epoch, the profession has not been lacking in evidence of the greatest moral heroism, and multiplied instances of where the physician made oblation of his life to the same high ends and purposes as did Lazear. Earning his livelihood by the practice of his profession, the physician yet generously seeks to suppress and prevent conditions that would engage and richly reward his services. Were he sordid or mercenary would he search out and teach sanitary prophylaxis? Would he isolate and quarantine infectious diseases, whose outbreak bring him substantial gain? No, the medical profession is not a royal road to wealth, and very few who enter its ranks make more than a mere competence; but the canons of its faith are not measured by the low standards of selfish or commercial interest. Its profession, however, may be made the unobtrusive way to the respect and veneration of local communities, replete with burdens of duty and soulful experiences.

Life has some heritages more valuable than gold, begotten of the truest admiration and closest confidences of our fellow-man, and the true physician, often rightful heir to such legacy, does not lightly esteem its meed of honor. There are some folk, however, of such low appreciation and weak moral perception, who look upon the physician as an alien,—a kind of professional cormorant living off the misfortunes and afflictions of the human family. Such a conception is basely false in its prejudice and does the physician great injustice. For, not only is he life's burden bearer, the faithful counsellor and arbiter of the moral transgressor, but the strongest earthly reliance in the deep, tragic hours of human extremity. The modest stipend charged for his services is not a tribute levied off the distresses of his fellow-man, but an honest, just compensation that enables him to live and properly qualify himself as the templar of life to meet its time of need. In the burden and heat of the day he struggles on under the cross of his responsibility, with hope and faith as the girdle of his loins, and none too poor to summons his help when his hand can life up or his art assuage suffering. Surgery is a complementary science—a most salutary and, at times, an indispensable adjutant to medical necessity. But of late years the singularly fascinating attraction of its art has made decided inroads upon medical treatment in some pathological conditions, where might properly be raised the question of most efficient ministry. And while the surgeon's exploitations in morbid pathology are ofttimes the envy of his elder and more conservative brother, the glamor of the art and its spectacular situations too readily recommend its practice to the professional neophyte. I suppose ninety-nine out of every hundred medical graduates, immediately on leaving school, essay some surgical stunt, or long to do so; and what they lack in knowledge and experience they substitute in an inspiring self-confidence. They have some implements of the cult, especially the scalpel, and they

feel its tempered, polished edge with all the ardor and enthusiasm the young Knight Errant does his first Damascus blade. All they lack to develop the embryo surgeon is patients, or, more aptly speaking, victims. After a brief time, not unmixed perhaps, with some fateful experiences, they discover their aptitude is not surgery, however much inclination disposes them to the imbrued art. My medical friends, let us be prudent and leave surgery to the surgeon, save in minor degree or under very pressing emergencies.

We have quite enough to do learning our own profession, and very rarely can one mind, however versatile and profound its attainments, master the principles both of internal medicine and operative surgery. Besides, the resurgent spirit of modern medicine is marking out a new order of evolution in morbid pathology. The *vis medicatrix naturæ* more intelligently interpreted and rationally assisted, will yet make signal proof of its conserving protection, as well as its ability to build up and establish healthful resolution in most morbid conditions that have not been neglected, badly managed or where the taint of heredity and environment does not too fatefully handicap. In this connection I would not be understood as in any sense derogating surgery, nor seeking to steal one petal from its rose garlanded glory. The records of its splendid achievements in morbid pathology are too signal in triumphs, and the human family too greatly debtor to the skill and technique of its marvelous handicraft for any feeling other than the most just laudation of its beneficent genius. The sentient sweep of the surgeon's knife is too often the supreme, sovereign arbitrament between lethal and vital issues for any sentiment other than our profoundest appreciation and gratitude. But the true physician is professional primate and the great surgeon is his *dernier resort;* some, and many, times their work is beautifully complementary. True to his ministry the physician is the standard bearer in the vanguard of civilization's march, and more potential the tokens of his art in resolving mystery into knowledge, evil into good, than all the auspices of ancient Sibylline of Delphic oracles.

With this review of the field representative or clinician of our profession, let us pass to the consideration of another bright, constellate contingent of our noble ministry. Down there is the laboratory, with his test tubes, microscopes, reagents, sections and cross sections, is the great dynamic source of all our best inspiration and progress. Here is the biologist unravelling and revealing the secrets of nature, classifying morbid phenomena and interperting natural vitalism. Behold the vivisectionist! bold and aggressive in his search of proximate principles,—the vital spark underlying and superinducing natural phenomena, led by hope as daring, cheered by vision as beautiful as that which inspired Sir Launfal in his quest of the Holy Grail. Laboratory experiments and research constitute the groundwork of all scientific medicine, and mark a new era in its history,—a transitional period or evolution from an empiricism of wild vagaries and incredible potencies, promoting strange

dogmas or formula into a rational, progressive, beginning cosmic system of definite cause and effect.

In the deductions and conclusions of this new concept determining germ etiology of infectious diseases, modern medicine had its birth. In its natal glory stands the silhouetted figure of one long since entered into rest. And with benediction peace, bending over the issue of promise, impregnated by his thought and genius, the spirit of the immortal Jenner clasps hands with the now inurned Pasteur, upon whom the mantle of this ascended Elijah had fallen. Their labors have not been in vain for, in many fateful conditions, they have challenged the angel of death with the passover sign on the lintels of our earthly tabernacles. The study of morphological and chemical bacteriology was the first step in the new nosological order. The human organism found, at times, to withstand the contagium of infectious diseases, led to a closer study and observation of the expression and nature of such diseases and the immunity enjoyed by some individuals. Later it was determined that the organism itself under certain conditions, became a very resourceful and capable arsenal of defense against microbic infection, constituting, when its antagonism was absolute, a state of natural immunity. When such a state obtains the antitoxins, phagocytes, agglutins, precipitins, lysins and opsonins, imminent to normal vitalism, exhibit a very certain resistance to bacterial energy, as indicated by a positive body index under exposure. When for any reason the body index becomes negative or incapable of successful resistance, immunity is lost and the organism susceptible to any special form of infection to which it may be exposed. In the latter instance modern medicine seeks to establish a condition of prophylaxis by means of a protective vaccine,—itself a bacterial protoplasm having the property and type, but modified in character from its original bacterio-protein; or, again, by the injection of antitoxic blood serum from an immunized source. In either instance, whether by means of vaccine inoculation or injection of antitoxic sera into an infected or susceptible organism, it is sought to increase the resistance and excite a reaction whereby the antibodies and other defensive elements are elaborated and act upon the microorganisms and their toxins so as to render phagocytosis and bactericidal energy much more effective and prevent infection.

The problem in the use of prophylactic vaccines has been to give the proper immunizing protection without the incident danger of bacterial toxemia. Pasteur first contended it was necessary in the production of preventive vaccines to use the living bacteria, but it has subsequently been demonstrated that dead cultures and even extracts from bacteria may be sufficiently potent and relatively free in danger to the host. It is also an accepted fact that protection by vaccine inoculation confers a more positive immunity than is obtained by antitoxic serums.

And preventive medicine will, in the future, no doubt, perfect methods of inducing positive immunity by protective vaccines of sterile culture, and in instances even of the attenuated living microbe. Some

notable work and progress is being made in prophylaxis, in consonance with which the experiments and deductions of Mr. Wright, of London, and other able collaborators are attracting much attention to the value of opsonic indices.

In the study and demonstrations of late research we are getting a more definite knowledge in regard to phagocytosis and its role in ingesting microörganisms and their toxins, as well as the diagnostic and protective value of certain prophylactic vaccines. Phagocytes are ubiquitous warriors, and the organism's chief defenders when properly supported. Surely, they are garrisons of strength, brave and alert to every sentry call in defense of the physical integrity; in the blood stream they constitute the white or arterial squadron, but they as suddenly disembark to engage any interstitial danger when they become our amoeboid cavalry. Now, do not understand me to ascribe phagocytic behavior to any sentient force resident in cell activity; what they do is the result of a chemotactic action directed and operating involuntarily, yet in obedience to an inherent property or quality peculiar to vitalism in its reaction under chemico-physiological stimulation.

There are doubtless many other allies of organic defense—many cohorts of vital conservatism of which life is the beneficiary, whose methods we cannot intelligently elaborate at this time. The web of mystery still covers their secret, but busy hands and alert minds are on the path of cause and effect, and will soon find an open portal of truth. If hidden conditions still conceal many goals of knowledge we are yet able to rejoice in many discovered truths and signal triumphs that mark the closing days of the nineteenth century; and we step upon the threshold of the new century with strong endowment of garnered wisdom and the shibboleth of victory.

Epidemics of typhoid fever, scarlet fever, dysentery, diphtheria, *et cetera,* are no longer a menace to the public welfare, and when such outbreaks occur it is an accusing witness of unsanitary conditions and moral irresponsibility on the part of local communities and their professional guardians.

Statistics of decreasing mortality rate under methods of modern prevention show astonishing results and unmistakable proof of the conservative protection guaranteed by a progressive medical science. Without an intelligent exercise of its precepts, mortality, to-day, in our great metropolitan centers, would be quickly swallowed up in death; our crowded tenement districts would be charnel tombs where the stench of the dead and the groans of the dying would stifle the joys of the living; our armies in the field would be decimated by pestilence more frightful than all the havocs and horrors of war.

In this connection I quote from a late paper by Dr. Torrey, of Cornell University, who says: "In the seventeenth and eighteenth centuries the death rate throughout the civilized world ranged from 50 to 80 per thousand of population, whereas to-day, in London, Berlin and New York

City, great centers of population, the ratio is 17 to 19; and, that since 1873 there has been a reduction of more than 50 per cent. in the mortality of children in New York City. An actuary of the health department estimates that the expectancy of life for that city in 1866 was a little more than 25 years, while in 1903 it was nearly 42 years."

Again, he states: "In the wars of the last two centuries four men died in camp of disease to one from wounds received in battle, whereas according to Japanese statistics in late wars, only one died from disease to two from wounds." Such statistics are striking testimonials to the advance and triumph of medical sanitation, and should seriously challenge the attention of political economists, as well as legislative and judiciary councils. Under the new regime medical science suppresses and prevents disease, and its enlightened exponent, the doctor, no longer sits, a blind empiricist, with folded hands, in the midst of unsanitary conditions whose foul, stagnant media give fruitful culture and propagation to all forms of pathogenic infection; but, the sleuth of a high economic law of nature, he follows up the fastnesses of these lurking microörganisms and robs them of their habitat and power to harm. The ancients had their Hygeia, whose divinations and rites of office were only prefigurements of mystery, as gross in conception as the gods they worshipped in stocks and stones. But our Hygeia, to-day, is a living, sentient entity, walking the paths of human civilization in trailing robes of light, and potent in influence of saving grace. Yet for all the victories and notable benefactions rational medicine has wrought, and is still achieving, its best exponents have received tardy and little appreciation from society and state, in the past. However, recognition is, I think, just ahead. The light of so glorious a ministry cannot longer be hid under a bushel of blind incredulity or prejudice. Ephraim is breaking his idols; public opinion in state and nation is turning with favor to a ministry whose prophets have cried so long in the wilderness The Gospel of Good Health. At last the people have heard their voice as the voice of wisdom and are saying: "Come among us; dwell with us and fold thy wings of healing over us."

The day is not far distant when medicine will have her honored representative sitting in the highest cabinet of the nation, and watchful guardian of public welfare. I say without reservation that from no human system or agency does society and state receive greater benefits nor owe a larger debt or obligation than to the profession of modern medicine.

Through its instrumentality human life has been bulwarked and garrisoned with many potential prophylaxes and reprieved from the fateful doom of many blighting infections. In smallpox, vaccination gives such absolute protection that state legislation should make it compulsory on or before five years of age. State boards of health and local quarantine regulations should no longer constitute a defense to those whose prejudice and moral obtuseness refuse its protection. Antitoxin is specific antidote and sovereign boon to the ravages of the Klebs-Loeffler bacillus, and when early and properly administered, almost or quite removing the necessity

for tracheotomy or intubation. Yellow fever was, but will be no more, being practically supressed; it is at least absolutely a preventable disease. And no more will we see the mournful desolation and hasty exodus of fleeing refugees from the stricken Southland because of its menace. Quinine has long been used in malaria for its antiperiodic and antipyretic effect, but its specific virtue was not intelligently appreciated until Laveran discovered the plasmodium malariæ, thirty years ago. Experimentations with sera therapy in meningitis, rabies and tetanus, while not definitely specific in their action, are so positive in indications of remedial potency as to inspire perfect confidence that the laboratory cry will soon be "Eureka." Statistics of unmistakable proof are behind this hypothesis and the seal of conquest will soon attest its truth. The weight of greatest value, however, at present in the treatment of these infections by antitoxic serums, seems to be prophylactic; and, in the early employment of treatment before the clinical expressment of the disease, or before their respective toxins reach the nerve centers.

In cholera, bubonic plague, dysentery and venereal diseases much fruitful investigation is being made and the results accomplished presage greater things to be. Tuberculosis, the great white plague, still stalks a deadly pestilence; it is life's relentless enemy; necrology's boon confederate, having all seasons for its own. Like some unleashed spirit of desolation, it rides on every wind, ladens every zypher's breath and lurks on lips where love's sweet caresses burn, and is Time's chief tomb builder. But even this inveterate foe is being closely beleagured by the Titan triads, sunlight, sanitation and pure air. The scientific adjustment of these correlative agencies plus certain formula of living, are greatly minimizing the ravages of this infection. The educational and sanitary crusade of the last few years has sought to agitate public interest and arouse both social and civic responsibility to an earnest, organized effort for the restriction and prevention of this contagion. Sanatoria, open air treatment and strict personal hygiene are greatly lowering its mortality to-day. Moreover, we are gradually, yet definitely, eliminating many accessory or contributing factors, such as the sweatshop with its reeking effluvia, and the squalor of our tenement districts, heretofore strongly incident, and predisposing, to the spread and ravages of tuberculosis. The impressment of child labor in factory and shop, with its fateful entailment of regressive changes, has also received decided check. Full emancipation must and will come as the enlightened public conscience appreciates its moral responsibility.

The work done may be said to be only preliminary, but the movement is pregnant with the impetus of success. Let us not slacken effort but press the educational feature, for enlightenment begets coöperative interest and zeal. Let the infected individual know the menace he is to society and the best methods of conserving its security; and equally impress the public with the safest measures of protection and its duty in employing all rational means of assistance for the prevention and sup-

pression of this infection. Koch's discovery of the tubercle bacillus is a notable step in advance, and will greatly aid further scientific research in its effort to determine methods for the control and prevention of this now prevalent disease. Tuberculin, after much disappointment and neglect, is again attracting favor. Some recent experiments, especially in early diagnosis, prove it something more than a commercial nostrum; and the hope is that it may yet, either in its present form, under more intelligent administration, or by some modification, attain a scientific value that will realize the faith of the distinguished pathologist. I wish I could speak with more hopeful assurance in regard to that most insatiable and malevolent of all despoilers of the human organism, cancer. The cancer cell is a very Medusa of cruelty in a rebellion with other body cells. It is a lawless alien, out of harmony with every law and condition, subject to no discipline, having no purpose save that of annihilation of the host. Science, baffled at every point, still wages a defensive, if not defenseless, warfare against this treasonable insurgent. The surgeon's knife, with no compromise of tissual territory, is our most available defense at present. But mind is stronger than matter, and its potential energies in resistless search will soon put this arch traitor on the cross of conquest. And the day is not far distant, let us hope, when the genius of mind driving back the terrors of this blight and curse, shall give to enthralled victims the boon of redress, and to the annals of medicine the glory and immortal fame of so great a benefactor. Back of all the achievements of modern preventive medicine, and the matrix of scientific research, are such splendid memorial laboratories as the Pasteur Institute, founded by governmental munificence in France in 1888; The Imperial Institute, at St. Petersburg, Russia, founded and endowed by Prince Alexander of Oldenburg, in 1890; The Lister Institute for Preventive Medicine, in Great Britain, founded by public subscription and large gifts from Lord Iveagh in 1891; the Koch Institute at Berlin, the Institute for Experimental Therapeutics, at Frankfort, Germany, in 1896, and in our own country, The Rockefeller Institute, founded and endowed in 1901 by the liberal munificence of John D. Rockefeller. These glorious monuments of philanthropic grace, like sun-kissed Memnon's statue, are vocal with praise and glad tidings of "Peace on Earth, Good Will to Men." All honor to the philanthropists who have caught the spirit of so lofty an enterprise; and who, whether so recognized or not by reason of the work they inspire, are patron saints not alone to medical progress, but to every hearth-stone where human hope has an altar of love. Such men scatter flowers and sunshine in our troubled peace, and make the world brighter by their living. And as we look upon their noble benefactions, dedicated to present and future generations, let us honor them in life and death; for, no man can give such fruitful hostages to human welfare unless his heart beats in unison to human need. The burden of our responsibility is to impress the necessity of more such laboratories, both state and private, where scientific research

can be prosecuted with heart and mind single to its great purposes and ends. The work, already so happily initiated, is full of inspiration and flushings of promise, and philanthropy's wealth can find no opportunity more golden, nor potential possibilities greater.

In our terrestrial world there is a vast increase and intensity of light from the twilight pencilings of gray in the eastern horizon, as the great sun luminary rises through cloud banks of nocturnal shadows to usher in the dawn, on until it reaches the zenith of the heavens where it floods continents in light. So from the crude taper gleams of medical art in the dawning centuries of our civilization to the present time the light of its knowledge has been growing and increasing in effulgence. Let us be proud of the advance, of the achievements wrought, and while not flattering ourselves that the *summum bonum* has been attained, let us consciously reflect we are helping the future race to its physical utopia, when shall rise a race beautiful in physical proportions, free from taint or stigmata of hereditary curse and environment, holding the distaff of its own longevity.

Then the centenarian will only have reached the summit of manhood's power and grace, and, in the venerableness of old age, patriarchs will again sit in the shadow of their tent door, while the gentle Rachels of the race, crooning love lullabies to their latest offspring, shall have no fear of the pestilence that walketh in darkness, nor the destruction that wasteth at noonday.

THE NATURE OF CANCER AND RECENT ADDITIONS TO THE METHODS OF TREATING INOPERABLE CANCERS.*

By Frank J. Lutz, M. D., of St. Louis.

I return to you my sincere thanks for this opportunity to present to the members of the Missouri State Medical Association, and through them to a wider circle, a review of our present knowledge concerning the nature of cancer and, based upon it, the limits of its treatment.

Cancer is world wide in its distribution. Concerning its biology medical knowledge is crude and immature; it occurs upon the surface of the body and in the internal organs; it exists before birth; it saps the full grown body and increases the burdens of ripe old age. Animals and man are afflicted with it. Its presence entails horrible, loathsome suffering. Internal medication fails to cure it; the charlatan only, and the quack and ignoramus instill false hopes of recovery into the heart and mind of the doomed victim in exchange for his gold.

What a field for science! What opportunities for philanthropic endeavor!

Cancer is a disease of the skin, mucous membranes, or of the glands in which tumors are formed. These tumors grow by the proliferation of their tissue elements, at the site of their origin and in other localities to which they may be carried by implantation, or by the blood or lymph currents; there is no limit to their growth; they displace and injure neighboring structures; they have a tendency to disintegrate so far as their older component elements are concerned, thus loosing parts of their substance by ulceration, and they destroy the body by producing a cachexia and by auto-infection. This definition, as is apparent, expresses the clinical observation of the disease.

Morphologically a carcinoma is a tumor in which the stroma and the parenchyma are distinctly separated. The parenchyma cells do not form an intercellular substance and do not enter into organic union with the stroma, in contradistinction to the sarcomata, in which an intercellular substance is formed by the parenchyma cells and direct continuity with the stroma is established.

At once the question arises: What causes this riotous and purposeless cell proliferation? This old question has been answered upon many theories. I shall not review any of them, but will simply mention that during the life history of a cancer the behavior of the tumor is such that many very acute and experienced observers believe themselves justified

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in assuming the parasitic origin of cancers, and have directed their energies toward the discovery of the microörganism; whilst others have asserted that they have found it. Equally careful investigators, more particularly the pathological anatomists, deny the causative relation between the microörganism and the new growth, some admitting the possibility of it, others as strenuously gainsaying even this.

I need not repeat to you that in order to prove clinically the existence of a specific microörganism it must be shown that the microorganism is transmissable from man to man and that the disease produced by it is inoculable.

In spite of the extensive investigations which have been made, this proof has not as yet been furnished. The transference of cancer from one part of man to another part, or from a cancerous person to a healthy one, are not instances of inoculation but of transplantation, and the alleged inoculation of a husband by his wife, or of an operator by the patient, are reasonably explainable upon other grounds than the inoculability of cancer.

But let us view the cancer, or rather the cancer cell, so called, from the general viewpoint of biology.

Nature has no pathology. Since the days of Bichat and Laennec and the epoch-making work of Virchow, it is well established that pathological processes are subject to the same laws which govern physiological processes. The laws of biology furnish the explanation for the phenomena observed in cancer. Our knowledge concerning the minute changes which are observable in cancer has arrived at a high degree of accuracy—in fact it would appear that the very limit of anatomic information concerning this disease has been reached.

What then are the peculiar characteristics of a cancerous new growth; and how can we explain them by the general laws of biology?

It is well proven that want of nutrition and over-feeding, as well as irritations of all kinds, produce cell multiplication.

By way of illustration: Gunshot injuries to nerves are followed at first by increased growth of the epidermoid structures, the hairs and the nails, soon to be followed by their atrophy. Uterine cancers take on a more rapid growth during pregnancy. An erosion subjected to constant irritation may develop into a cancer.

The low vitality of cancer cells is as pronounced as their exuberant growth. Observe the luxuriating callus in certain fractures—increased cell formation continues as long as the irritation lasts, and only after the irritation ceases, and with it the increased nutrition, does absorption take place—otherwise a cellular new growth is formed. Regeneration is but an exaggerated normal process, and physiologically organs and tissues are constantly renewed, each cell being supplanted by one newly formed.

Temperature, water, osmotic conditions and light have their potent influence in cell development, both in the animal and vegetable kingdoms.

Rapid frequent cell multiplication follows increased nutrition. In cancer the supply of nourishment is constantly increased and hence follows rapid cell production. The less developed a cell, the more speedily and the more frequently does it multiply—and a cell which produces daughter cells, whilst in a stage of immature development, transmits to its offspring the tendency to propagate itself during a low stage of development and to produce cells of smaller size. Rapid development is the characteristic of small lowly organized beings—applied to cancer it is well established that as the tumor grows the cells become smaller and develop more rapidly, presenting greater malignancy.

Has our therapeutic success kept pace with our knowledge concerning the minute structure and our biologic knowledge of cancers? Unfortunately the word "cure" is still part of the vocabulary of the physician and surgeon as well as of the laity. The average medical man thinks of a cure in connection with an external cancer, and takes only that wider view of the object for which treatment is instituted in this disease when the new growth affects an internal organ. Too much is expected because too much has been promised in connection with the efforts of medical men in the presence of cancer. The layman who is told that his disease is cancer at once asks the question: Can it be cured? The physician, unfamiliar with the clinical course of cancer, or lacking the moral courage to confess his impotency, in many instances answers the query in the affirmative, only to be doomed to disappointment, together with his patient.

Now what may be expected as the result of treatment? In malaria, an infection by the plasmodium, we have a specific in quinine. By administering this drug and by removing the patient to places not infected with mosquitoes or by destroying the carriers of the infection, we cure our patient. By removing the ingesta, which caused the ptomain infection, the patient is cured. A pneumonia, running its natural course, terminates in the recovery of the patient and, in so far as the physician has guided him through the series of disturbances grouped under the head pneumonia, the physician has cured him. Not so with cancer. In speaking of the cure for cancer as the result of anything which the physician might do, we must keep in mind two things: First, that we are dealing with a local disease, and secondly, that this local condition undergoes such disintegrating changes as to affect the general system. The answer, therefore, as to whether a cancer, in a given instance, is a curable disease, will depend upon the local condition, upon the nature of the tumor, the extent to which it has involved the neighboring structures including the glands, and the general condition of the patient, which is represented by his toxic condition.

The recognition of the nature of the local disease, or, in other words, a correct diagnosis, calls for ability acquired only by careful study and by experience. The diagnosis of a cancer upon the surface, when first it begins to develop, is by no means an easy matter. And when located in

organs not directly approachable, it calls for the exercise of the highest diagnostic skill, and presents problems the most difficult of solution. To illustrate:

A fissure in the mucous membrane of the lower lip, associated with the oft-produced irritation of the stem of a pipe, may be a cancer, but it may also be luetic. An incipient carcinoma of the stomach calls for investigations prolonged, painstaking and extensive. The mammary carcinoma, represented by a hard, nodular tumor, with a retracted nipple or dimpled skin, and with axillary glands hardened and enlarged, is correctly interpreted by one of very limited experience. Malignant new growths in the central nervous system, the brain or the spinal cord, give rise to symptoms by no means readily deciphered.

I refrain from reciting the local characteristics of cancer; a knowledge of them is the common property of medical men. But an extensive experience leads me to believe that the question of treatment is one upon which most practitioners are not agreed. A rapidly growing tumor infiltrating surrounding structures, hard, painless, fixed and associated with the peculiar cachexia indicative of the absorption of toxins into the general circulation, readily suggests carcinoma to one of experience.

Unfortunately, in spite of the great frequency with which cancer occurs, medical men have not given that attention and acquired that skill in its recognition which is possessed by them in regard to many other equally common affections. The knowledge of medical men, and of the public, concerning tuberculosis has been wonderfully increased during the last few years by an agitation which threatens to overshadow every other consideration in matters medical and sanitary. A similar agitation, less noisy and more conservative, is going on in regard to cancerous diseases. In the education necessary for the recognition and appreciation of this condition the medical profession must begin by first educating itself and then the public.

It is not the part of wisdom to rail against the quacks and pretenders whose diagnostic skill may surpass that of the physician, who justly criticizes the methods and promises of the pretender, but does not possess equal diagnostic skill and is on no higher plane concerning the limitations of therapeutic endeavor in cancer than is the quack.

Since history has been written cancer has been known and described as a destructive, incurable disease, and physicians and surgeons have at all times sought means to combat it. But not until the 18th century do we learn of an earnest warfare against this terrible affliction, as it found expression in scientific observation and investigation, as well as in the care of the unfortunates.

As early as 1701 a ward was set aside exclusively for cancer patients in the Middlesex Hospital in London, and in 1801 a society for investigating the nature and cure of cancer was formed. A few years later Mrs. Adithea Mary Stafford gave 36,000 pounds for the endowment of 26 beds for cancer patients. In 1851 the Brompton Cancer Hospital

was founded. In France a ward in the Salpetriere was assigned to these afflicted ones and many prizes were established in order to encourage the study of this disease.

I refer to these historic facts merely to show that general attention was directed to the disease by medical men as well as by philanthropists long before the time when the biologic study of it was begun.

Positive knowledge of cancer was of slow growth and exact study of tumors began only with the development of pathological anatomy.

The great Berlin physiologist, Johannes Mueller, was the first to show, by microscopic examination, that tumors are composed of cell elements which correspond to those of the human organism—and Virchow elaborated in detail the composition of the varieties of new growths.

We must, therefore, first learn to recognize the disease and then we must be familiar with its clinical course, as regards the result of its continuous growth upon the economy and eventually upon the life of the patient; and also must we know what have been the results of the various methods of treatment by which the disease has been either removed by surgical operation or attacked by other means.

Extensive knowledge gained by clinical experience furnishes the best foundation for honest dealing with the patient. Ignorance only makes prognostications in conformity with the wishes of the patient. We know, and this from the universal experience of observers, that by far the largest number of cancers, whether treated by one method or by another, whether removed by the knife or destroyed by escharotics, return. We also know that the clinical course of cancers is erratic; that no definite law governs their course and termination in all instances. We know that there is a natural cure for cancer; we know that nature endeavors, and successfully, in many instances, to counteract locally the disease by destroying the tumor soon after it is formed.

In our own day the scientific and practical study of cancer has attracted not only the attention of individuals but societies have been formed in all countries for the study of its medical and sociological bearings. The study of cancer has received an unusual impetus by endowments on the part of philanthropists, of hospitals and laboratories. Much work is being done, especially in Europe, by societies devoted exclusively to its study, aided and assisted by the governments of the respective countries. The fruits of these endeavors were thought sufficiently great to induce the second meeting of the International Surgical Society, which held its session in September, 1908, at Brussels, to devote the larger portion of its session to the consideration of cancer. It was my privilege to attend this meeting as the representative of the St. Louis Skin and Cancer Hospital, and submit our modest contribution to its truly wonderful exhibit. It will be no digression from our subject to say that the contributions to the cancer exhibit of this Congress afforded an opportunity rarely enjoyed. The illustrations furnished by the pathologists, the exhibitions of patients upon whom various operative

procedures had been practiced, the means and methods adopted in the laboratories and the results of laboratory work in regard to the biologic characters of cancer, as well as the exhibition of instruments of precision and of plans of hospitals devoted to the treatment of cancer patients, have never been equalled.

So far as I know, only the state of New York is governed by a spirit so broad and so elevated as to take into consideration cancer as an important factor in the health-disturbing causes among its citizens. It makes annually a dignified appropriation for the purpose of studying this disease in the hospitals and laboratories at Buffalo, and from that center have emanated many suggestions of value about this disease.

It should be a matter of congratulation to the citizens of this State that among its charitable institutions is one devoted exclusively to the study and treatment of cancer. I refer with pardonable pride to the George D. Barnard Free Skin and Cancer Hospital of St. Louis, recently endowed by this distinguished philanthropist. Since first its doors were opened to these unfortunates on the 1st of June, 1905, until May 1st, 1909, there have been treated in it 881 cases of cancer of all varieties.

It has for its object, first, the amelioration of the condition of the unfortunates afflicted with this dreadful disease and to whom, when they have reached the incurable stage, other institutions, whether conducted as charitable or whether a return is expected for the care of the patient, furnish no welcome shelter. In the next place it is intended that from this institution shall emanate such advice to the medical profession as is the result of the experience there gained, and therefore ample provision has been made in it for treatment by all suggested reasonable methods.

In addition, one of the great objects for which it was founded would not be accomplished were the medical profession deprived of the opportunity to study and observe for themselves in its wards the cancer disease, and before long those who desire to take advantage of it will be afforded a chance to avail themselves of the material for their personal instruction.

But besides the medical man the laity must be instructed concerning the nature and the behavior of cancer, as well as the possibility of curing it when eradicated early, or of ameliorating the conditions when the disease is so situated as not to be directly approachable by surgical means, or when its ravages are so great as to preclude the hope for its extirpation.

We have a practical working theory when we consider cancer an infectious and contagious disease, and its behavior practically justifies this, and therefore if knowledge concerning it is disseminated among the people, based upon this theory, the vultures who now prey upon the fears and sufferings of cancer victims will find their harvest materially reduced, although I am not so optimistic as to believe the time will ever come when human distress and human suffering will not lend a willing ear to promises of relief.

The direct attack of a malignant new growth surgically implies its thorough removal, the organ or immediate structure in which it originates or of the surrounding tissues to which it has extended, as well as the planes of extension, the fascia and fat structures together with the lymphatic glands which drain the areas involved.

When cancer occurs in organs or tissues from which it is not removable, or when its removal would necessitate procedures of themselves life-endangering, the institution of palliative procedures with a view to alleviating suffering and prolonging life will tax the technical skill and physiologic knowledge of the surgeon. The surgery of cancer, although operative possibilities seem to have reached their limit, has by no means attained results in keeping with the hopes of the operator. Entire organs have been removed, parts of a lung, sections of the brain, some of the organs of digestion have been extirpated in toto or parts of them have been removed, and the organs of generation have been excised, and yet with it all, if value is to be attached to statistical numbers, about 60 per cent. of returns confront us.

Fortunately, however, the time limit during which these returns occur has been greatly lengthened. Not so many years ago surgeons pointed with pride and much satisfaction to cases in which the patient, after an operation, had remained free from the return of the disease for three years, and considered such a patient cured. Already this period has been extended to five years and it is confidently to be hoped that as the disease becomes earlier recognized and the laity and physicians become convinced of the advantages which accrue from early removal, patients early operated upon will enjoy immunity from this disease for a still greater period.

I wish to emphasize in connection with the surgery of cancer, the view which I fear is not taken by many who consider the display of operative pyrotechnics the acme of surgical achievement. Operative surgery should be only a part of the treatment of cancer, although the major one; but we should never lose sight of the fact that in cancer there do occur disturbances of metabolism, either preceding the formation of the new growth or consequent upon it, which call for the exercise of much discrimination and for the knowledge of which we are just beginning to lay the foundation. Our increased knowledge of physiology and dietetics, including the administration of such drugs as arsenic and iron, gives promise to aid a cancer patient, next to the mechanical means employed for the removal of the new growth.

I said a few minutes ago that the clinical course of cancer is erratic—not governed by fixed laws. In some forms the growth of the tumor ceases without known cause and without intervention; on the other hand, experience teaches that in no inconsiderable number of cases, especially when the new growth is of a diffuse character, subacute in its behavior, when it occurs in young persons, the removal of the tumor by

the knife hastens its extension and return and the destruction of the individual.

Again, there occur in older patients slowly growing tumors which do not greatly disturb their comfort and which should be left severely alone, unless excessive pain, ulceration or hemorrhage demand interference. Between these extremes must be grouped that large class of malignant tumors in which early, thorough removal confers great benefits and promises complete cure.

For inoperable, neglected cases any method which gives promise of even ameliorating the condition should be welcomed.

The observation that the Roentgen ray affects the skin of those exposed, which was made soon after the discovery of the *x*-ray, led at once to its therapeutic use in cancer. Clinical experience has not sustained the enthusiastic claims of its advocates, but has restricted its use to superficial cases in which it causes destruction and exfoliation of the cutaneous cancer in the same manner as degeneration is brought about by other causes. And since this destructive process is slow and superficial in its action it has no advantage in many cases in which the disease can be permanently removed by a slight surgical procedure. Furthermore, it has no special affinity for the cancer cells and therefore when used so strongly as to destroy cancer tumors more deeply situated it also destroys the surrounding tissues.

It has been my practice, however, to give all cases, in which it has been practical, such benefits as may come from a post-operative course of *x*-ray exposure.

Nor should we forget that there is some truth in what our surgical predecessors observed at the bedside, when they taught that a cancer which had been removed by the knife and in which the removal was followed by suppuration, did not recur as soon as when immediate union of the operation wound was secured. Not that I would be understood as advocating wound infection as a method of after treatment—the futility in carcinoma of infection artificially induced by the bacillus erysipelas warns against this—but a wound surface remaining after thorough excision, allowed to heal by granulation and exposed to the Roentgen rays, gives greater promise of having destroyed in it all the cancer tissue than one in which the wound is hermetically sealed or only slightly drained.

In inoperable uterine cancers with hemorrhage, excessive discharges and foul odors, the methodical application of acetone, first suggested by Dr. George Gellhorn, one of the attending gynecologists of the St. Louis Skin and Cancer Hospital, has been found not only to destroy the bad odors, but also to diminish the discharges and to limit the hemorrhage.

Coley's serum has gained for itself a permanent place in our treatment of inoperable sarcomata more particularly, and is sufficiently well known to workers in this field.

Another method of treating inoperable cancer is that introduced by Keating Hart—the treatment by fulguration. The cancerous tissue is

removed by the sharp spoon, the knife and scissors, and upon the bleeding area a strong spark of electricity is made to play under profound chloroform anæsthesia, upon superficial and upon deep-seated cancers. The metal electrode is fed by a high frequency, high tension electric current so that the spark may reach 6 to 10 c.m. in length. This spark of lightning, which is cooled by passing it through a stream of carbonic acid, destroys the cancer cells, and also the intercellular substance, and produces upon the surface of the cancer, or in it if conducted into the tumor through penetrating needles, an eschar under which rapid granulation formation and early epidermization takes place. The involved glands are enucleated or incised and then fulgurated. One of the systemic effects during fulguration consists in the production of a kind of hypnotic sleep which permits the discontinuation of the chloroform anæsthesia.

In addition, hemorrhage ceases at once. The wound surface is covered with sterile gauze of sufficient thickness to absorb the large quantity of lymph which is poured out as soon as the local reaction takes place. This lymphorrhea continues for many days; at first the fluid is reddish in color, but soon becomes yellow and serous, and gradually diminishes in quantity. Morphologically, it contains polynuclear cells in abundance. In the presence of this abundant serous flow, no plastic closure of the wound should be attempted, but free drainage established and continued to prevent systemic infection.

The liability of explosion precludes the use of ether, as a rule.

The exact value of this method cannot, as yet, be stated. A wider experience alone will decide what place will be assigned to it.

In his relationship to others, the cancer patient must be considered as suffering from an infectious and contagious disease. If this working theory accomplishes nothing else, it will insure that surgical and social cleanliness which will make the sufferer better able to bear his affliction and which will make for the protection of his fellow-man.

There is no specific cure for cancer.

Journal
Missouri State Medical Association.

The Official Organ of the State Association and Affiliated County Societies.
Published Monthly under the supervision of the Publishing Committee.

ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

Volume VI. JULY, 1909. Number 1.

E. J. GOODWIN, M. D., Editor.

PUBLICATION COMMITTEE:

Walter B. Dorsett, M. D., Chairman. M. B. Clopton, M. D. M. C. Shelton, M. D.

EDITORIAL

FIFTY-SECOND ANNUAL MEETING.

In this issue we publish in full the proceedings of the fifty-second annual meeting held in Jefferson City, May 18, 19, 20. Every member should read these proceedings, for in them will be found a detailed account of the work of the Association during the past year.

It should be a source of great encouragement to observe the faithfulness and earnestness with which the members of the committees discharged the duties assigned to them; the very full reports indicating that the profession fully realizes the great field of usefulness before it in preventing and controling diseases, particularly of some which until recently were regarded as fatal maladies, in the amelioration and treatment of which the physician was hitherto helpless and impotent. An important committee was added to the number of standing committees, namely, the committee on cancer. This dreadful malady annually levies a heavy toll upon the nation, and the investigation into its prevalence and treatment in this state is a proper undertaking of our Association, especially in view of the fact that we have in St. Louis an institution established for the specific purpose of studying the cause and endeavoring to discover a remedy for this dreadful malady, namely, the George D. Barnard Free Skin and Cancer Hospital.

Another new committee was created at this meeting, the committee on medical expert testimony. This committee will consult with a similar committee from the Missouri Bar Association for the purpose of

devising some system whereby the professional opinions of physicians will be properly utilized in trials at court.

In many respects the fifty-second annual meeting was the most important session ever held by our Association. So much progress was made that we cannot cite all the advances in this short reference to the meeting, and again urge that the proceedings be read carefully and thoughtfully by every member.

THE ATLANTIC CITY MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The sixtieth annual session of the American Medical Association, held at Atlantic City, was not as well attended as were the meetings two or three years preceding, but it was, nevertheless, one of the most important and successful meetings the Association has ever held. The growth of the Association in point of numbers during the past ten years has been far beyond the most sanguine expectations. In 1899 the Association had a membership of 7,997, and on May 1st, 1909, the membership numbered 33,935. County and state society membership has increased even more rapidly, the total number of membership in all state associations affiliated with the American Medical Association being 67,332. This large increase numerically, has taken place during the ten years that Dr. Simmons has been secretary of the Association.

The financial affairs of the Association are in better condition than ever before, while the Association's influence in public health and legislative matters has grown to such proportion that it is at once considered whenever any proposition is undertaken which affects the health of the nation.

The election of officers resulted in the choice of Dr. William H. Welch, of Johns Hopkins University, for president; Dr. Robert Wilson, Jr., of South Carolina; Dr. C. J. Kipp, of New Jersey; Dr. Alexander Lambert, of New York; and Dr. Stanley Black, of California, for vice-presidents; and the re-election of Dr. Frank Billings, for treasurer. When nominations for the office of secretary were called for, the name of Dr. George H. Simmons was presented and immediately called forth seconds from delegates representing every section of the country. Dr. Simmons was re-elected with such enthusiasm as to amount to an ovation in his honor. Three new trustees were elected and one to fill the unexpired term of the late Dr. T. J. Happell, of Tennessee. The latter vacancy was filled by the election of Dr. C. E. Cantrell, of Texas. Dr. Dougherty, of Indiana, was elected to fill the vacancy caused by the re-

tirement of Dr. Welch, and Dr. Councilman, of Boston, was elected to fill the place vacated by Dr. Porter. Dr. Harris was re-elected.

The American Medical Association is to be congratulated and the medical profession at large may feel that the best interests of the public and the profession will be carefully safeguarded when men of such reputation and standing accept the responsibility of guiding the affairs of the Association.

Three of the four delegates from Missouri attended the meeting. In accordance with instructions from the St. Louis Medical Society and the officers of the Missouri State Medical Association, the delegates presented an invitation for the American Medical Association to meet in St. Louis in 1910. Appertaining to this subject, we will content ourselves with quoting from the current issue of the *California State Journal of Medicine*, which epitomizes very happily the friendly contest for the choice of the next meeting place: "The delegates from California to the House of Delegates of the American Medical Association," says the California Journal, "did everything in their power to secure the election of Los Angeles for the place of the next annual session; but it was not to be. Under instructions from our own state society, they were active and persistent in their efforts but several things were against them. St. Louis was also out for the meeting and the middle-western contingent worked mighty hard for that city. They argued that it was central and would draw a very large attendance, a desirable thing owing to the comparatively small attendance this year as a result of the very bad weather. And, of course, the majority of Easterners look with horror upon a trip of more than twenty-four hours. So St. Louis was chosen. But the probabilities are that, should California extend an invitation next year, the Association will come to our state. It last met in California in 1894."

Missouri was well represented at the meeting, a total of 66 members being present. In the reapportionment of delegates for the next three years, Missouri gains one delegate, so that in 1910, 1911 and 1912, Missouri will be entitled to 5 delegates instead of 4, the former apportionment.

DR. TINSLEY BROWN.

In the selection of president for the coming year, the Association has chosen one who has been identified with the state medical organization for many years, whose work in his own community has demonstrated his ability in maintaining the active interest of the members, an organizer

TINSLEY BROWN, M. D.,

PRESIDENT MISSOURI STATE MEDICAL ASSOCIATION, 1909–1910.

CAT.

of exceptional abilities, whose charming personality has endeared him to all who know him.

He was born in Ohio, December 23d, 1849, the son of George and Jane Wilkinson Brown. He graduated from the Missouri Medical College in 1874, and immediately thereafter commenced the practice of his profession in Hamilton, where he has resided continuously.

He was a charter member of the Grand River District Medical Society, organized in 1875, and has always taken an active part in county and state medical society work. He has been a member of the State Association since 1880, and was twice elected vice-president. He is an active member of the Missouri Valley and the Tri-State Medical Societies; was a member of the U. S. Pension Examining Surgeons Board for ten years and is local surgeon for the Chicago, Burlington and Quincy Railroad. He was elected mayor of Hamilton and served two years; he also served three years as a member of the board of public schools of Hamilton and was an appointee of both Governors Dockery and Folk on the board of control of the Industrial Home for Girls, which position he filled for eight years.

EDITORIAL NOTE

The Banquet of the Missouri Medical College Alumni was held at the Madison Hotel May 19th, 1909, at which was present a goodly number of the men who were instructed in her halls.

We were entertained by Dr. Miller, of Liberty; Dr. Nicholson, of St. Louis; Dr. Woodson, of St. Joseph; Dr. Brown, of Hamilton; Dr. Tidwell, of DeSoto; Dr. Boulware, of Butler, who very interestingly turned some of the pages of memory upon which were written many of those things dear to the doctor and which are always an inspiration to recall.

Officers for the ensuing year were elected as follows: President, W. S. Allee, Olean; vice-president, W. G. Estill, Lawson; secretary, W. L. Brosius, Gallatin; Committee on Necrology, Dr. J. D. Brummall, Salisbury; Dr. C. M. Nicholson, St. Louis; Dr. E. F. DeVilbiss, Eugene.

A constitution and by-laws were adopted, and it was decided to meet next year and hold our banquet on the second day of the session of the State Association, at 6 P. M.

It is desired that all the graduates of the Missouri Medical College send name and address to the secretary, as we want to arrange for a full attendance next year.

W. L. Brosium, Gallatin, Mo., Secretary.

MINUTES OF THE FIFTY-SECOND ANNUAL MEETING, MISSOURI STATE MEDICAL ASSOCIATION, JEFFERSON CITY, MAY 18, 19, 20, 1909.

Minutes of the House of Delegates.

HOUSE OF REPRESENTATIVES.

FIRST DAY—Tuesday, May 18th.

MORNING SESSION.

The House of Delegates was called to order at 9:50 A. M., President Kieffer in the chair.

It was moved and seconded that the reading of the minutes of the last annual meeting be dispensed with. Carried.

At roll-call the following delegates responded:

COUNTY.	DELEGATE.
Adair	E. C. Callison.
Atchison	J. S. Holliday.
Audrain	R. C. Strode.
Barry	W. W. West.
Barton	G. D. Allee.
Bates	A. E. Lyle.
Benton	A. C. Curl.
Boone	J. E. Thornton.
Buchanan	L. A. Todd.
	C. H. Wallace.
Butler	J. J. Norwine.
Caldwell	G. W. Goins.
Callaway	Herbert Taylor.
Camden	G. M. Moore.
Cape Girardeau	W. K. Statler.
Carter-Shannon	T. W. Cotton.
Cass	B. B. Tout.
Cedar	L. T. Dunaway.
Chariton	G. W. Hawkins.
Christian	F. H. Brown.
Clark	J. R. Bridges.
Clay	C. H. Suddarth.
Clinton	Frank Fulton.
Cole	W. A. Clark.
Daviess	W. L. Brosius.
Dent	W. E. Rudd.
Dunklin	V. H. Bond.
Franklin	A. C. Brown.
Gasconade-Maries-Osage	M. E. Spurgeon.
Gentry	E. R. Lindley.
Grundy	J. A. Asher.
Henry	J. R. Hampton.
Holt	F. E. Bullock.
Howard	V. Q. Bonham.
Jackson	C. Lester Hall.
	H. M. Lyle.
	Gordon A. Beedle.
	Jabez N. Jackson.
	Ernest Robinson.
	N. P. Wood.
	J. D. Griffith.
Jasper	J. D. Pifer.
Jefferson	G. W. Tidwell.
Johnson	S. A. Murray.
Lafayette	W. A. Braecklein.
Lawrence-Stone	J. B. Fleming.
Linn	F. W. Burke.
Livingston	B. N. Stevens.
Macon	W. P. Rowland.
Madison	F. R. Newberry.
Marion	R. H. Goodier.
Mercer	H. P. Chesmore.
Miller	Frank DeVilbiss.
Mississippi	C. C. Pressnell.
Moniteau	H. C. Freudenberger
Monroe	H. C. Payne.
Montgomery	David Nowlin.
Morgan	J. L. Short.
Nodaway	F. R. Anthony.
Pettis	H. B. Cole.
Phelps	W. H. Breuer.
Platte	A. S. Herndon.
Putman	J. A. Townsend.
Ralls	T. J. Downing.
Ray	W. G. Estill.
St. Charles	F. J. Tainter.
Ste. Genevieve	J. A. Wilkins.
St. Louis	N. N. Jensen.
St. Louis City	R. M. Funkhouser.
	Joseph Grindon.
	F. J. Lutz.
	J. H. Amerland.
	W. W. Graves.
	T. A. Hopkins.
	H. L. Nietert.
	M. F. Engman.
	B. M. Hypes.
	C. M. Nicholson.
	E. J. Goodwin.
	F. M. Rumbold.
	Louis Rassieur.
	P. Y. Tupper.
	H. E. Gerwig.
Schuyler	W. F. Mitchell.
Scotland	E. E. Parrish.
Scott	W. S. Hutton.
Shelby	A. M. Wood.
Stoddard	John Ashley.
Taney	C. W. Burdett.
Vernon	J. F. Robinson.
Webster	W. R. Beatie.

The President read his message as follows:

To the Members of the House of Delegates of the Missouri State Medical Association:

Legislative authority being invested in the House of Delegates and the authority to settle all judicial propositions in the Judicial Council, my suggestions to you will be very brief.

I would recommend such action by a revision committee as would simplify our constitution and by-laws in construction and amend them so that a Committee on Tuberculosis will have a solid foundation and the name of Committee on Medical Education changed to the Council on Medical Education and given greater duties and responsibilities, bearing in mind the desirability of conforming as nearly as possible to the constitutions and by-laws of other states.

I desire especially to call your attention to Chapter IX., Sections 1 and 2, of our by-laws. The construction which our secretary puts upon these sections places us all in the class of delinquents.

The confliction between the by-laws of the Madison County Medical Society and the letter and spirit of our State constitution and by-laws should be settled, if possible, in a spirit of mutual professional regard. No component society can have a constitution and by-laws in conflict with our State constitution.

Medical defense should receive careful attention at your hands. The present tendency of the laity to sue members of our profession for alleged malpractice makes this a very important matter.

The chief object of our State organization now should be more and better work. Until now, and properly, too, our aim has been for organization of component societies. District societies should be organized covering the whole state, with places of meeting convenient to the greatest number. Meetings should be held at least quarterly. The post-graduate idea should obtain in programs as far as possible. Work of mutual benefit to the members and to better equip them for practicing the art of medicine is the goal of all efforts at organization.

The Council on Medical Education could act in an advisory capacity in the matter of arranging programs in district societies in a systematic manner, greatly to the advantage of those who desire to keep abreast of the times.

Programs could be so arranged by them that they would amount to a review of the whole subject matter of medicine during stated periods. They should also have supervision over all matters pertaining to medical education coming within the purview of the state body. They should be for Missouri what the Council on Medical Education of the American Medical Association is for the whole country.

On motion the message was referred to the Judicial Council.

The report of the Committee on Arrangements was read by Dr. Bedford. On motion the report was received.

The report of the Committee on Medical Education was read by Dr. B. M. Hypes, chairman. (See page 80.)

Discussion: Dr. F. J. Lutz, St. Louis, said this was the most able and systematic report on medical education ever presented to the Association. His only criticism of the report was that it dealt with the dark side of medical education in this state. It might have been a valuable addition to the report if it had brought out the real findings of the State board examination of the medical schools of the State. Medical education,

he said, is a matter of slow development in all governments and must be commensurate with environment. It was impossible in America to follow the curricula of older governments, and it was impossible as yet in Missouri to establish requirements similar to those in some of the older states. Medical education was largely a matter of local character. While the action of the State board did not meet with the enthusiastic endorsement that might have been desired, as a matter of fact the medical schools complied, to the best of their ability as they saw it, with the demands of higher medical education and with the requirements laid down by the State Board of Health. While it was true some of the defects pointed out were glaring defects, and it was also true that some of the institutions might have thought they were being interfered with, in the end the colleges complied to the best of their ability with the demands made upon them. He freely acknowledged that the criticisms in the report were warranted, but he thought the good side also should be given attention.

As to the practice of midwifery, there were so many abuses that should be corrected, and such radically opposite views on the subject, that it was necessary to enact laws to suit the conditions in the State. Since there were midwives, and a demand for them, the people should be safe-guarded to the fullest extent in regard to the competency and qualifications of the midwives.

Dr. Lutz then moved to refer that part of the report relating to midwives to the Committee on Public Policy and Legislation. Seconded and carried.

Dr. Hypes offered the following resolution:

Resolved, That the Missouri State Medical Association, through its House of Delegates, adopt the general scheme of medical education as adopted by the American Medical Association in 1904, and outlined in the 1909 report of the Council on Education;

Resolved, Further, that this general outline of medical education be recommended to all medical colleges of the State.

Dr. Grindon, St. Louis, moved that the resolution be adopted.

Dr. W. T. Elam, St. Joseph: There is no occasion for the Association to go on record as having adopted this recommendation. Missouri has as good physicians as are to be found anywhere. So far as the teaching of physics, biology and chemistry was concerned, I am heartily in accord with the idea, but in adopting this resolution the Association would go on record for the adoption of something entirely out of its sphere when it endorsed the recommendation that students be able to read some foreign language. If Europeans were stumbling over themselves to adopt American methods I would be in accord with them, but I do not believe it is necessary to speak a foreign language in order to be able to practice medicine intelligibly. If there were added the sixth year as interne in some hospital, it would be necessary to increase the hospitals most wonderfully. The number of hospitals would have to be out of all proportion to the needs of the people.

Dr. Joseph Grindon, St. Louis: Dr. Elam has misunderstood the scope of the recommendation. There are three groups of requirements, and the first of these is the minimum. Surely no man would want Missouri to fall below the minimum requirements. Second, there were recommended certain things as desirable and, finally, there were certain things that were ideal. The adoption of these recommendations as ideal meant nothing more than to say that these things were believed by the Association to be ideal, although they might not find concrete expression

this year, or for many years to come. The idea was to make our institutions just as good as possible, whether or not Europeans came here for ideas. Whether they learned from Germany or from Japan, nothing was too good for American students. In certain branches, *e. g.*, engineering, Europeans did come to this country to study. One of the tools of the trade was a reading knowledge of those languages in which medical knowledge found expression to-day, and English was not the only one of these. For this reason the Association was justified in saying that certain things were required and certain other things were ideal.

Dr. Wallace, St. Joseph: The State is prepared to teach chemistry, physics and biology in the high schools. The high schools also teach German and French and the State University is prepared to give students anything they might want. For this reason the time had come for such resolutions to be adopted, unless the profession was willing to stay where it was at present.

The resolution was adopted unanimously.

Dr. Hypes moved an amendment to Chapter VIII., of the by-laws, as follows:

"Council on Medical Education. This Council shall consist of three members; one member shall be elected to serve for one year, one for two years and one for three years. Thereafter one shall be elected each year to serve for three years."

Dr. Jackson asked by whom they should be elected.

Dr. Hypes replied that the members should be appointed by the President, and suggested that the word "appointed" should be substituted for "elected."

Dr. McAlester moved that the report be referred to the Committee on Amendments to the Constitution and By-Laws.

Dr. Grindon suggested the addition of the words, "with instructions to report tomorrow."

Dr. McAlester accepted Dr. Grindon's amendment. Seconded and carried.

Dr. Hypes moved the adoption of the following resolution:

"Resolved; That the plan of annual, personal inspection of the medical colleges of the State of Missouri, by both our State Board of Health and by the Council on Medical Education of the American Medical Association, be endorsed and recommended." Seconded.

Dr. Jackson asked what good this would do, inasmuch as there was already inspection of the medical colleges by the State Board of Health.

Dr. Grindon said there were sometimes two duties that devolved upon them: one was the duty to blame when blame was deserved, and the other was the duty to praise; and it was the duty of the profession to uphold the hands of the men who were doing the work when the work was a good one. They should say that as members of the Missouri State Medical Association they upheld the work of the State Board of Health in this particular.

Dr. Jackson said that he would not vote against this resolution because he believed in the inspection of medical schools, but he did not endorse all inspections carried on in the way they were sometimes carried on.

The resolution was adopted.

On motion a vote of thanks was extended to the Committee on Medical Education for their excellent report.

Dr. Grindon moved that action on the report of the committee as a whole be deferred until action had been taken upon the proposed amendment to the by-laws. Seconded and carried.

The report of the Committee on Scientific Work was read by Dr. Paul Y. Tupper, chairman. (See page 70.) On motion the report was received and adopted.

The report of the Committee on Public Policy and Legislation was presented by Dr. Pearse, chairman. (See page 77.) On motion the report was adopted.

Dr. Pearse offered the following resolution thanking the gentlemen who had been instrumental in securing needed legislation during the past winter:

WHEREAS, Certain gentlemen have rendered valuable service to this Association, without compensation, in the course of the past winter, toward securing needed legislation, therefore be it

Resolved, That the thanks of this Association be and hereby are tendered to Mr. Frank Walsh and Mr. E. L. Morrison, of Kansas City; Mr. Irvin V. Barth and Morton Jourdan, of St. Louis, and Mr. Edward Silver, of Jefferson City, for assistance in compiling bills and amendments; to Dr. H. Wheeler Bond, of St. Louis, for assistance in passing the vital statistics and permanent secretary bills; to Dr. Cressy L. Wilbur, of the Bureau of Vital Statistics, Washington, D. C., who came from Washington and addressed the House and Senate in behalf of public health bills, and to Attorneys P. T. Cross, of Lathrop, Clinton County, and Judge Johnson, of Nevada, Vernon County, who wrote the *certiorari* amendment (Bill 334) and secured its passage in the House.

Resolved, Further, that a copy of these resolutions be mailed to each of these gentlemen and to each member of the Missouri State Medical Association, to the end that the members may know of the services rendered.

H. E. PEARSE, *Chairman.*

Dr. Hypes thought that the name of Mr. Hagenow, of St. Louis, who had worked earnestly to defeat the "optometry" bill, should be added to the list.

Dr. Pearse wished that other names would be added to the list, as he knew that there were others who also should receive the thanks of the Association. Senator Allee had asked Dr. Pearse to see to it that the Association be informed of the names of its friends.

Dr. Goodwin thought it very important that the names of all the men who had been of service to the Association, in this connection, be added to the list, and he moved that the committee be requested to bring in a supplementary report, including the names of all gentlemen who had assisted the committee.

Dr. Lutz, in seconding the motion, said that the efficacy of the Association's work was through the county societies. The county societies could elect or defeat any man who came up for election, and every county society should be informed how its representatives had voted. That was the only way to instil the fear of the Lord in some of these representatives. That was best shown in Jackson County, in the retirement of a legislator who had seen fit to antagonize everything that the medical profession wanted. Any ten lawyers could defeat any kind of bill that took business away from them, no matter how it affected others. The time had come for the Association to tell the county societies how their representatives ought to vote. The legislator should understand that his views on the tariff would not save him from defeat if he opposed the things that the physicians wanted.

The resolution carried unanimously.

Moved by Dr. Elam that the Association extend its thanks to the Committee on Public Policy and Legislation for the comprehensive report submitted, and that the Chairman, Dr. Pearse, also receive the thanks of the Association for his work. Seconded and carried.

The report of the Publication Committee was presented by the Chairman, Dr. W. B. Dorsett, St. Louis. (See page 71.)

On motion the report was received and referred to the Judicial Council.

The report of the Defense Committee was read by Dr. F. J. Lutz. (See page 71.)

On motion the report was received and adopted.

The report of the State Secretaries' Association was read by Dr. Burke. (See page 72.)

Moved that the report be received and referred to the Judicial Council. Seconded and carried.

The Treasurer's report was read by Dr. Welch. (See page 91.)

On motion the report was received and referred to the Judicial Council.

On motion the House adjourned to meet at 2 o'clock.

FIRST DAY—Tuesday, May 18th.

AFTERNOON SESSION.

The House of Delegates were called to order at 2:30 P. M., President Kieffer in the chair.

The Committee on Ophthalmia Neonatorum presented the following report, by Dr. Leonard, chairman:

After a full discussion with our representatives in the state legislature regarding the enactment of a special law for the prevention of ophthalmia neonatorum, it became evident that this was impractical.

But it became clear that we must use our influence for the passage of the vital statistics bill, the creation of a permanent home for the secretary of our State Board of Health, etc., and since these bills have passed, we are now in a position to do some effective work in the prevention of this dreadful disease, which is responsible for almost half of the inmates of all the institutions of the blind throughout the world, and the medical profession knows this disease to be absolutely preventable.

Our committee coöperates with the committee of the American Medical Association.

P. I. Leonard, Chairman.

Dr. Lutz called attention to the fact that there were laws on the statute books which had evidently been overlooked in the preparation of the report, and moved that the report be referred back to the committee for investigation of the Missouri statutes. Seconded and carried.

The report of the Secretary was read by Dr. McAlester. (See page 74.)

On motion the report was received and referred to the Judicial Council with instructions to report to the House.

Election of Delegates to the American Medical Association being the next order of business, Dr. Lutz nominated Dr. W. B. Dorsett, St. Louis. The nomination was seconded by Dr. Dallas, Hunnewell.

Dr. Welch nominated Dr. E. J. Goodwin, St. Louis. The nomination was seconded and it was moved that the by-laws be suspended and the

Secretary be instructed to cast the ballot for Dr. Dorsett and Dr. Goodwin. Seconded by Dr. Grindon. Carried.

Dr. Robert Schauffler, Kansas City, was nominated as alternate for Dr. Dorsett.

Moved and seconded that the by-laws be suspended and the Secretary instructed to cast the ballot for Dr. Schauffler. Carried.

Dr. Brosius, Gallatin, was nominated as alternate for Dr. Goodwin. On motion the by-laws were suspended and the Secretary instructed to cast the ballot for Dr. Brosius.

Dr. Newberry presented the following amendment to the by-laws:

Amend chapter 12 of the by-laws by adding a new section to be known as section 14, as follows:

"Section 14. The Judicial Council shall elect a committee of three members of this Association to revise and amend the by-laws of component county societies, when they conflict with the constitution and by-laws of the State Association; one member of such committee to be elected for three years, one for two years and one for one year, and thereafter annually one for three years."

Dr. Lutz offered an amendment to create a Committee on Cancer, as follows:

Amend chapter 8 of the by-laws as follows: "A standing committee on cancer, which committee shall make an annual report on the prevalence, nature and advance in the treatment of cancer in this State."

Dr. Nicholson offered an amendment providing for legal defense, and a resolution as follows:

Let there be a new section to Chapter VIII. of the By-Laws of the Missouri State Medical Association, to be known as Section 6, which may read as follows:

The Defense Committee shall consist of three members, who shall, upon request and in compliance with the conditions hereinafter named, aid in the defense of suits for alleged malpractice instituted or threatened against any member of the Association. Conditions:

(a) Any member desiring to avail himself of the provisions of this section shall, so soon as possible, after any demand has been made upon him, present to the committee his request for aid in the defense together with a full and complete history of the case and the services therein rendered. The committee shall then, with the aid of its counsel, advise said member up to the time of the institution of suit without any expense to the member so charged. Should the member desire the committee's services subsequent to the institution of suit, he shall authorize the committee to further aid in the defense of said suit. The committee shall thereupon without expense to the member provide for all medical expert services necessary for the trial and the necessary legal services of its counsel; Provided, that the committee shall not obligate itself or the Association for the payment of any damages awarded in the trial or upon compromise.

(b) Such medico-legal aid or defense as is herein specified refers only to civil malpractice and is not to be construed to apply to criminal prosecutions.

(c) The committee with the approval of the House of Delegates shall have authority to employ counsel for the term of one year to advise as aforesaid, and to represent any member of the Association in suits for alleged malpractice upon the terms hereinabove provided. The compensation of the attorney shall be determined by the Committee with the approval of the House of Delegates.

Dr. Elam moved that the resolution be referred to the Judicial Council.

Dr. Grindon thought, since no amount was specified in the amendment, but was named in the resolution, that both resolution and amendment need not be referred to the Council.

Dr. Lutz called attention to the fact that an amendment to the by-laws had been presented to the House a year ago, by Dr. Fulton, and this amendment, therefore, had been before them for a year and had had its second reading. There was no reason why it should not be acted upon at once.

Dr. Nicholson said that the by-laws could be amended at any session by a majority vote of those present, after an amendment had been on the table one day.

Dr. Elam said that the amendment did not carry an appropriation; it was only a resolution and could be acted upon without delay.

Dr. Grindon thought that the fact that the resolution and amendment had been presented at one time had been a little confusing. He suggested that Dr. Nicholson withdraw the resolution temporarily so that the House might act upon the amendment, and that the resolution then be taken up.

Dr. Nicholson withdrew his resolution.

Dr. Lutz said that it was impractical to employ an attorney for one year, when suits might be pending requiring the knowledge of a man familiar with the case. Again, if the committee had no authority to employ an attorney, except with the approval of the House of Delegates, then the committee might be without legal advice until a meeting of the House. For this reason he moved that the wording of the third section be changed to read as follows:

(c) The committee shall have authority to employ counsel to represent any member of the Association in suits for alleged malpractice upon the terms hereinabove provided. The compensation of the attorney shall be determined by the committee. Carried.

On motion the section as amended was adopted.

The resolution presented by Dr. Nicholson was taken up and on motion referred to the Judicial Council.

Dr. Funkhouser moved that the unused $500 appropriated last year for legal defense, be set apart as a part of a permanent fund for legal defense.

Dr. Grindon said that was a part of the resolution just adopted.

Dr. Lutz said that the committee was created for one year and that the appropriation was for one year. Clearly, at the expiration of the year the committee died, and so did the appropriation, unless it were worded in some other way. It would require a separate resolution to keep the money appropriated last year out of the general fund.

The motion was amended and ordered referred to the Judicial Council with instructions to report to the House of Delegates at its next session.

Dr. Nicholson presented the following resolution on medical expert testimony:

WHEREAS, It is, and has been for many years, a matter of common knowledge among medical men that the general plan of expert medical evidence in vogue in the courts in this country is crude in character, unscientific in conception, illogical in scope, and frequently tends rather to the hindrance than the furtherance of the ends of justice, and

WHEREAS, the medical profession should be, and is, vitally concerned in the righting of this unfortunate condition, and therefore, be it

RESOLVED, That the president designate a committee of three to investigate, as hereinafter detailed, the problem of expert medical evidence; and be it further

RESOLVED, That the Secretary be authorized to forward a copy of these resolutions, and the personnel of the committee to the Missouri Bar Association, with the request that a like committee be designated by that body, with the end in view that a plan may be devised warranting alike the hearty endorsement of both the medical and legal professions; with the further hope that through the coöperation of allied associations, in particular the Missouri State Medical Association and the Missouri State Bar Association, the fully digested conjoint plan may be so favorably and so forcibly presented before the State legislature that a radical change in the manner, method and general scheme of the development and utilization of expert medical evidence in the courts of the State of Missouri shall be secured by appropriate legislative enactment; and be it further

RESOLVED, That the chairman shall in person go before the Bar Association and urge the appointment of the committee.

On motion the resolution was adopted.

The President appointed the Nominating Committee as follows:

Dr. T. A. Hopkins, St. Louis; Dr. Franklin E. Murphy, Kansas City; Dr. David Nowlin, Montgomery City; Dr. C. C. Presnell, Mississippi county; Dr. H. B. Cole, Sedalia; Dr. J. R. Buchanan, Nevada; Dr. W. T. Elam, St. Joseph; Dr. J. P. Burke, Laclede; Dr. W. A. Clark, Jefferson county; Dr. R. H. Goodier, Hannibal.

On motion the House adjourned to meet Wednesday morning at 8:30 o'clock.

SECOND DAY—Wednesday, May 19th.

MORNING SESSION.

The House was called to order at 8:45 A. M., Dr. Kieffer in the chair.

Dr. Lutz presented the following report from the Judicial Council:

The Judicial Council desires to submit the following report:

The report of the Treasurer as referred to the Council from the House of Delegates, was carefully examined by an auditing committee and found correct, and therefore has been approved.

The Council recommend that the suggestions of the State Secretary relative to the adoption of an official badge in the form of a gold and enamel button, be approved; that the State Secretary be made the official custodian of all political papers of the Association.

The report of the Committee on Publication recommended the expenditure of a sum of money sufficient to defray the expense of printing enough copies of the portrait of each new president, elected in future, to supply a copy to each member and require the State Secretary to preserve a collection of these portraits. The Council considered this recommendation in all its bearings and returns an adverse report.

The recommendation of the Defense Committee that $1,000.00 be set aside for use in defending members in civil suits for malpractice is approved, and the House of Delegates is requested to set aside that sum out of the general funds of the Association to be used for the purposes specified. The Council, however, does not deem it wise to put a further drain upon the treasury by approving the recommendation of the defense Committee to return to that committee the original $500.00 appropriated for its use, and returned by the committee to the general fund, and therefore recommends that this $500.00 be retained in the general fund.

The duties of the Treasurer of the Association are of such a responsible nature and have become within the past several years so exacting and complicated that their proper fulfillment cannot any longer be performed accurately and satisfactorily, both to himself and to the Association, without some clerical assistance. It has come to the knowledge of your Council that our Treasurer has been compelled to call in such clerical aid, but has failed to receive reimbursement for money so expended. We recommend, therefore, that the sum of $200.00 be appropriated to the Treasurer for his use in providing for assistance in the proper care of the fiscal accounts of the Association.

For Secretary of the Association the Council has re-elected Dr. A. W. McAlester, Jr.; for Treasurer, Dr. Welch re-elected. For chairman of the Judicial Council, Dr. Lutz, and for secretary of the Council, Dr. Goodwin. For editor of the Journal, Dr. Goodwin was elected to serve for another year.

The Publishing Committee, as constituted during the past year, was reappointed.

Respectfully submitted,

F. J. Lutz, Chairman.

On motion the report was adopted.

The report of the Committee on Tuberculosis was read and on motion received and ordered printed in the Journal. (See page 85.)

The Committee on Amendments to the Constitution and By-Laws reported as follows:

Amend Chapter VIII., Section 1, by adding thereto: "A Council on Medical Education."

Amend Chapter VIII., by adding a new section as follows: "The Council on Medical Education shall consist of three members, appointed by the President. One member shall be appointed to serve one year, one for two years and one for three years. Thereafter each year one member shall be appointed to serve three years. The Committee on Medical Education shall, (1) make an annual report to the House of Delegates on the existing conditions of medical education in the State and in the United States; (2) make suggestions as to the means and methods by which the State Medical Association may best influence favorably medical education, and (3) act as the agent of the State Medical Association, under instructions of the House of Delegates, in its efforts to elevate the standard of medical education."

We, the special committee, appointed to revise the constitution and by-laws of the Missouri State Medical Association, respectfully recommend the adoption of the above amendments.

Walter B. Dorsett,
Jabez N. Jackson,
F. B. Hiller,
The Committee.

Moved, seconded and carried that the amendment as a whole be adopted.

Moved, by Dr. Grindon, that the President appoint a committee of three to revise the constitution and by-laws, to submit the results of their deliberations at the next meeting. Seconded.

Dr. Lutz offered as an amendment that the committee be instructed to publish the proposed changes in the Journal issued two months before the meeting of next year.

The motion, as amended, was adopted. The President announced that the committee would be named later.

Moved by Dr. McAlester that the committees be ordered to file their reports with the Secretary at least four weeks before the annual meeting so that they could be printed in the May issue of the JOURNAL. Seconded and carried.

On motion the House adjourned to meet Thursday morning at 8:30 o'clock.

THIRD DAY—Thursday, May 20th.

MORNING SESSION.

The House was called to order at 8:45 A. M., Dr. Kieffer in the chair.

The amendment offered by Dr. Lutz for the appointment of a committee on cancer was read the second time, and on motion the amendment was adopted.

Dr. Elam offered the following amendment to Chapter VIII., Section 3, of the by-laws:

Amend Chapter 8, Section 3 of the by-laws by inserting after the word "secretary" in line two the following: "The members of this committee shall serve for a period of three years each; except that upon the adoption of this amendment one member shall be elected to serve for one year, one to serve two years and one to serve for three years, and thereafter one member shall be elected each year."

To lie over till next year.

The Nominating Committee made the following report:

We, the Nominating Committee, appointed at this session of the Missouri State Medical Association, would respectfully offer the following report: We find the duties of this committee are to make nominations for the following offices: First, second, third, fourth and fifth vice-presidents; members of the committee on public policy and legislation, and councilors for the 15th, 22d, 26th, 27th, 28th and 29th districts.

For the office of first vice-president, we submit the name of J. M. Bell, St. Joseph; second vice-president, J. A. Harris, Mount Vernon; third vice-president, H. G. Schobe, Paris; fourth vice-president, B. W. Hays, Jackson; fifth vice-president, J. L. Thorpe, Jefferson City.

For the members of the committee on public policy and legislation we submit the names of R. M. Funkhouser, St. Louis; M. P. Overholser, Harrisonville; C. R. Dudley, Hannibal.

For councilor in the 15th district we submit the name of J. A. Anderson, Warrensburg; 22d district, W. S. Hutton, Fornfeld, Scott county; 26th district, W. H. Breuer, St. James. No one being in attendance from the 27th district, we recommend that the present incumbent, H. C. Shuttee, of West Plains, be continued in the office for one year. For councilor in the 28th district we submit the name of A. H. Madry, Aurora; 29th district, R. L. Neff, Joplin.

T. A. HOPKINS,
F. E. MURPHY,
DAVID NOWLIN,
H. B. COLE,
C. C. PRESNELL,
J. R. BUCHANAN,
W. T. ELAM,
J. P. BURKE,
W. A. CLARK,
R. H. GOODIER,
The Committee.

On motion the report of the Nominating Committee was received and adopted.

On motion the Defense Committee, as at present constituted, was continued for one year longer.

On motion the House adjourned.

ADJOURNED SESSION.

The House of Delegates was called to order at 10:35, the President in the chair, to select the place of next meeting.

Dr. Goodier extended an invitation to meet in Hannibal in 1910.

Dr. Bell, on behalf of St. Joseph, invited the Association to meet in St. Joseph.

Dr. Boulware nominated Joplin and Dr. Campbell nominated Sedalia.

Hannibal and St. Joseph were first voted upon, Hannibal receiving 30 votes, St. Joseph 29, and on motion the vote for Hannibal was made unanimous.

On motion the House adjourned *sine die*.

MINUTES OF THE JUDICIAL COUNCIL.

The Judicial Council was called to order in the judiciary committee room of the Senate Chamber May 18th, 1909. The roll-call was answered by the following councilors: C. L. Evans, 1st District; W. T. Elam, 2d District; L. W. Dallas, 7th District; W. B. Dorsett, 8th District; A. R. McComas, 9th District; J. D. Brummall, 11th District; E. H. Miller, 12th District; F. E. Murphy, 13th District; C. T. Ryland, 14th District; M. P. Overholser, 15th District; J. R. Buchanan, 16th District; R. D. Haire, 17th District; Frank DeVilbiss, 18th District; G. Ettmueller, 19th District; F. J. Lutz, 20th District; F. R. Newberry, 22d District; T. W. Cotton, 24th District; Frank Harrison, 25th District; W. H. Breuer, substitute, 26th District; A. R. Snyder, 29th District.

The treasurer's report, referred to the Council by the House of Delegates, was referred to an auditing committee, composed of Drs. Dallas, Murphy and Snyder.

The chairman stated that the Madison County Medical Society had appealed to the Judicial Council from the decision of the councilor of the district, who held that a certain by-law adopted by the Madison County Medical Society was in conflict with the constitution and by-laws of the State Association, and therefore inoperative. The chairman suggested that a sub-committee of the council be appointed to consider the appeal and report to the Council. He also stated that he had ruled that the appeal of the Madison County Medical Society from the decision of the councilor of the district acted as a supersedeas. Dr. Elam moved that the chair appoint a committee of three to hear this case and report to the Council. The motion was duly seconded and carried. The Chair appointed Drs. E. H. Miller, C. T. Ryland and W. H. Breuer. .

The Chair announced that Dr. W. C. Dieckman, of Dexter, Stoddard County, had appealed to the Council from the action of the Stoddard County Medical Society in expelling Dr. Dieckman from membership in Stoddard County Medical Society on the charge of unprofessional conduct. Dr. John Ashley, secretary of the Stoddard County Medical Society, submitted a transcript of the case and Dr. Dieckman filed his appeal through the secretary of the Judicial Council. At this point the secretary of the Council read a telegram received by him this morning, as follows: "Am sick. Cannot come. Postpone appeal." Signed, W. C. Dieckman. Upon this information being conveyed to the Council, further action was postponed indefinitely.

Dr. E. H. Miller, of Liberty, councilor for the 12th District, reported upon the case of Dr. J. J. Carter, of Weston, Platte County, who had been a member of St. Joseph-Buchanan County Medical Society and received a transfer certificate showing that he was in good standing when he made application for affiliation by transfer with the Platte County Medical Society. A member of the Platte County Medical Society claimed that Dr. Carter's actions had been irregular, and that he was not a person who should be admitted to membership. The matter was referred to the censors and an adverse report brought in; consequently, Dr. Carter was not elected a member of Platte County Medical Society. He appealed to the Council and this appeal was forwarded to Dr. Miller. Dr. Miller said he had made a careful investigation of the controversy and found that in the discussion many things had been said by members of Platte County Medical Society, as well as by Dr. Carter,

which should not have been said, but that both parties were inclined to settle the dispute if a reasonable solution of the question could be arrived at. He applied himself to this task and obtained the consent of the Platte County Medical Society to admit Dr. Carter to membership if the latter would promise to sign the constitution and by-laws of the Society and live up to them in future. Dr. Carter declared himself entirely willing to do this and to have the Society hold him responsible for his conduct in future. Dr. Miller said that he had recommended to the Society to admit Dr. Carter to membership under these conditions and asked the Council to endorse his action.

Dr. Snyder moved that since Dr. Miller had brought the matter to such a happy termination, the Council endorse the action of Dr. Miller and thank him for the politic and judicial manner in which he had adjudicated the case. The motion was duly seconded and carried.

Dr. McComas, councilor for the 9th District, stated that Warren County has only two railroads running through it, one in the northern portion and one in the southern portion of the county. The doctors cannot get together at any central point to hold meetings. Last fall an effort had been made to arrange for the physicians of Warren County to unite with St. Charles County, but no definite plans had been consummated. He recommended that the physicians in Warren County be allowed to affiliate with the societies in adjoining counties.

Dr. Dorsett, councilor for the 8th District, in which St. Charles County is located, said that he had discussed with the members of the St. Charles County Medical Society the question of permitting Warren County physicians to affiliate through St. Charles County, and as a result of this conference, he sent circular letters to the physicians in Warren County inviting them to affiliate with St. Charles County Medical Society, and had received a number of replies from physicians who were favorable to this plan. He suggested that Warren County be put in the 8th District.

The Chair decided that the question is one which should be adjusted by the members in the two counties and the councilors, and suggested that the councilors and the members have a conference and endeavor to arrive at a satisfactory understanding and report to the next annual meeting of the Council. The Council then would be in a position to take some definite action.

Dr. W. T. Elam, councilor of the 2d District, read the following letter from the secretary of Andrew County Medical Society: "Dr. A. W. McAlester, Secretary Missouri State Medical Association. Dear Doctor: The Andrew County Medical Society has ceased to meet and what members there are left desire to affiliate with the Buchanan County Medical Society. I am authorized to ask you to bring the matter before the State meeting at Jefferson City. Trusting that they will grant the permission desired, and thanking you in advance for the favor, I am, fraternally yours, W. W. Best, Secretary Andrew County Medical Society." Dr. Elam stated that Andrew County had twelve paid-up members, as compared with fifteen last year. He asked the Council to take action in the matter.

The Chair stated that under the circumstances, wherever a county society cannot exist as a separate organization, it is provided that it may become hyphenated with an adjoining county in which there is an organized society, with the agreement of the two counties and the councilor. If Andrew County and Buchanan County can reach an agreement and the councilor of the district will endorse the action, the

matter should then be referred to the Council; the arrangement, of course, will receive the approval of the Council.

On motion the matter was referred back to the councilor, Dr. Elam, for adjustment and report next year.

Dr. Elam moved to endorse the appropriation of $1,000, as requested in a resolution adopted by the House of Delegates, for the use of the defense committee in defending members against civil suits for alleged malpractice. The motion was seconded.

Upon request for information as to the amount of funds in the treasury, the treasurer, Dr. Welch, stated that the amount on hand was $7,217.94.

Dr. DeVilbiss asked if the amount of $1,000 could be spared from the general fund of the Society. The treasurer stated that $1,000 would be sufficient, he thought, to put in the fund at the present time, and assured the Council that the general fund could safely lay aside $1,000 for the purposes of medical defense.

Dr. Murphy thought the appropriation of $1,000 for this purpose would be a good investment, as he believed it would induce a large number of desirable practitioners to apply for membership, and bring back many delinquents. He stated that in his county they now had little trouble with delinquents, as the members are beginning to appreciate the full value of the defense feature, and they realize that membership in the Society gives them more real and tangible benefits.

Dr. Evans said the appropriation of this $1,000 would put $1,500 in the fund, on account of the $500 left over from last year. He thought the $1,500 would be too much to take out of the treasury at the present time.

The Chair stated that it could not be foretold what the new Defense Committee would have to do, and no one could tell how many cases now pending might need financial assistance from the Association. The $500 appropriated last year had been turned into the treasury by the committee, as the committee had attended to the cases brought before it without using any portion of the $500 appropriated. He stated that in New York the attorney received a salary of some three or four thousand dollars a year, but advises all members to retain their insurance affiliations, and he stated we will have to do that in this State for some time. Just as soon as we make it known among the members at large that we will defend them in all respects, they will drop their insurance protection and demand from the Association full defense. For this reason the chairman had made a recommendation in his report to the House of Delegates that defense be made with restrictions. $1,000, he stated, will not go very far.

Dr. McAlester said he thought it would be a wise provision if the members could be induced to pay an annual fee of five dollars. With dues of five dollars a member, he said we would soon have a fund of $50,000, which would enable us to give the members full defense and extend benefits in several other directions.

The vote upon the motion of Dr. Elam, namely, that $1,000 be set aside for the purposes of the defense committee, was taken and carried unanimously.

A second resolution, referred by the House to the Council, asking that the appropriation of the $500, returned to the treasury by the defense committee, be reserved for the use of that committee, was taken up. Dr. Elam moved, for the purpose, he stated, of disposing of this resolution, that the Council recommend the reservation of this $500 for

the use of the Defense Committee. Motion was seconded, but lost on vote.

The report of the Committee on Publication was taken up. This report contained a recommendation that the pictures of the presidents be reproduced in the July issue of the JOURNAL each year. Motion was seconded and lost.

Dr. Overholser moved that the Council proceed with the election of officers, which was duly seconded and carried.

Dr. Elam moved that the present chairman be renominated for the position. This was seconded and on motion of Dr. Snyder, Dr. Lutz was unanimously re-elected chairman.

Dr. Overholser moved that Dr. Welch be re-elected treasurer, which was seconded and carried unanimously.

Dr. Overholser moved that the treasurer be allowed $200 a year for clerical assistance. Seconded and carried.

Dr. Elam moved that Dr. Goodwin be re-elected editor of the JOURNAL, and secretary of the Judicial Council. Seconded and carried.

On motion the state secretary was authorized to furnish the stationery for the committees, councilors and others who may need such convenience. Carried.

The recommendation of the state secretary that the secretary of the State Association be made the secretary of the Committee on Public Policy and Legislation, and that the records be kept in the office of the secretary, was taken up.

Dr. Dorsett moved the adoption of this recommendation. Motion was seconded and carried.

On motion the Publication Committee was reappointed for the ensuing year.

On motion adjourned until 2 P. M., Wednesday.

WEDNESDAY, MAY 19, 1909.

The adjourned meeting was called to order at 2:30 P. M. Dr. Lutz in the chair.

The committee appointed to hear the appeal of Madison County Medical Society, reported as follows:

"We, your committee, to whom was referred the appeal of the Madison County Medical Society from the decision of the committee on by-laws for County Societies, find as follows:

"After hearing all the evidence pro and con in said case, and after due consideration of all the facts presented, in view of the local conditions existing in Madison County, we believe that said Madison County Medical Society had a perfect right under the constitution and by-laws of the American Medical Association and of the Missouri State Medical Association to pass said amendment to their by-laws, and that the same is in perfect accord with the constitution and by-laws of the Missouri State Medical Association.

Respectfully submitted,

(Signed) E. H. MILLER,
C. T. RYLAND,
W. H. BREUER,
The Committee."

Dr. Buchanan moved that the report of the committee be received. Seconded and carried.

Dr. Ryland moved the adoption of the report. This motion was seconded, and after a general discussion the report was adopted.

The report of the Auditing Committee was read as follows:

"We, the Auditing Committee, appointed to audit the accounts of our treasurer, would report that we have carefully checked the receipted bills, the bank checks and the entries in the books, and find the accounts correct.

FRANKLIN E. MURPHY,
L. W. DALLAS,
A. R. SNYDER."

On motion the report was adopted.

Dr. Welch asked if he was to recognize only bills O.K'd. by the Secretary of the Association and the Chairman of the Judicial Council for money expended by the defense committee.

The chair stated that was the correct understanding and that the funds were to be maintained on the books of the treasurer in a separate account from all other funds.

Dr. Dorsett said he had been asked a very important question in relation to the payment of dues and how such payment affected members who might be sued for malpractice. He asked whether it was the intention of the Council to consider members delinquent after the time for payment of dues had passed without the dues being paid. For instance, if a man was sued on the 10th of the month and he had been delinquent in the payment of his dues since the 5th of that month, would the defense committee be acting properly in taking his case and defending him, or should the committee refuse its assistance on the grounds of his being delinquent?

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Dr. Miller: There is a prescribed time for the payment of dues. In all legal matters you must deal in actual facts. If our dues are to be paid by the first day of January, and the second day of January something comes up in which the status of a member is to be accurately defined, and he fails to show that on the second day he ought to pay he did not pay, of course, the next day he is legally delinquent.

Dr. Elam: It seems to me that if dues are not paid on the first of January, the member is delinquent on and after the first of January. I suggest that the secretary should notify the various county societies and request them to collect dues for the succeeding year by the 15th of December of the current year.

The Chair suggested that this should be given prominence in the JOURNAL.

Dr. Dorsett moved that the secretaries of county societies have printed on the bills for annual dues the following: "Only members who have paid their dues are entitled to the privilege of legal defense in suits for alleged malpractice."

Dr. Elam: County societies should be requested to amend their by-laws so as to have dues for the succeeding year payable on the 15th day of December.

Dr. Brummall: We should have more harmonious action. It seems to depend upon the councilor, or the state secretary, to "punch up" delinquents. If the state secretary and the county secretary will send out notices, I believe it would have a good effect.

Dr. Evans: I believe that in addition to printing the clause, suggested by Dr. Dorsett, on the secretary's receipt, it would be well if the same clause were printed on councilors' stationery, so that all delinquents would hear from both the secretary and the councilor.

Dr. Harrison: I believe the most practical way is to have printed bills and the secretary of the State Association mail these bills to the

secretaries of county societies to be mailed to each member. This would leave no excuse for delinquents. I move this to be an amendment to Dr. Dorsett's motion.

The amendment was seconded and on vote duly carried.

The reports of councilors were called for and the following members responded:

Dr. C. L. Evans, Councilor 1st District: Atchison County Medical Society is in good shape; in better shape than ever before, and the prospects are good for the coming year. There are sixteen members, five of whom at this time are delinquent. The average attendance is 8; number of papers read, 2; number of clinics, 2.

Holt County is doing fairly good work. Three new members were admitted during the year; the society lost two members by moving to other parts of the state, but these two immediately joined the societies in the counties where they located. We have three physicians in the county who are not members, but I hope that during the year we can bring them in. The average attendance at the meetings was 12; papers read, 9, and a number of cases were reported.

Nodaway County has had new life injected into it since the visit of Dr. McCormack on May 3d. The society has met since that time and taken up post-graduate work, as suggested by Dr. McCormack. I had the pleasure of being present at Dr. McCormack's meeting and was pleased with the enthusiasm which was manifest as a result of his talk. The average attendance of meetings during the year was 8; the number of papers read, 14; number of clinics held, 7. There are 35 members on the roll, 3 of whom are delinquent, and one moved away.

Dr. W. T. Elam, Councilor 2d District: St. Joseph-Buchanan County Medical Society has a membership of 87. There are 53 doctors in the county who are eligible to membership and 98 in the county not members. Meetings are held twice a month. The average attendance was 20; 13 papers were read during the year and 11 subjects discussed; 14 clinics were presented.

Andrew County, I regret very much to say, has practically ceased to meet. The members desire to affiliate with Buchanan County.

Dr. G. W. Whiteley, Councilor 3d District: DeKalb County is in a poor condition. There are thirteen members, seven of whom are delinquent. Last year they were doing good work, but many of the members have become indolent, and have apparently lost interest. I shall make special efforts this year to restore them to a good working basis.

Worth County has nine members, but four of them are delinquent. They have had a number of meetings, at which there was present an average number of five; five papers were read and two clinics presented. The papers that were read were good, and those members who meet are doing good work. I shall endeavor to stir up more enthusiasm in this county.

Harrison County is doing excellent work. I have visited this medical society a number of times and am glad to report that new life has been put into the society. Last year they were doing practically nothing, but this year they have held seven meetings, read five papers and held three clinics. There are seventeen members, only two of whom are delinquent.

Gentry County: We have been extremely busy in Gentry County since last December and only one meeting was held this year. It was well attended, though the members are somewhat disgruntled. I have endeavored to bring about harmony, but as yet have not succeeded.

I hope to have a splendid meeting in June at our semi-annual district meeting. I have visited all the counties in the district and have found DeKalb the most difficult one to keep in line. I shall visit them again and try to have all societies working earnestly before the next meeting.

Dr. C. R. Buren, Councilor 4th District, reports only for Sullivan County. Through the secretary of Sullivan County Medical Society he reports that it has been impossible to work up any special interest in county society work. The average attendance at such meetings as have been held was three. There are 13 members on the roll with one delinquent.

Dr. Parrish, Councilor 5th District: I have had correspondence with the secretaries of my district several times. I made a visit to the secretary of the Clark County Medical Society. The condition of the societies is not at all satisfactory in regard to members, meetings held, and interest taken in and outside of these societies. I regret to say that the physicians living outside of the county seats take very little or no interest in the society meetings.

Clark County: Number of active members, 6; number in county eligible to membership, 18; number of new members, none; number removed from county, none; number of meetings held, 1; number of scientific papers read, 4; financial condition, good; professional and social status, average.

Schuyler County: Number of active members, 8; number in county eligible to membership, 16; number of new members, 1; removed from county, none; number of meetings held, 4; number of scientific papers read, 12; financial condition, fair; professional and social status, fair only.

Scotland County: Number of active members, 7; number in county eligible to membership, 9; number of new members, none; number removed from county, 1; number of meetings held, 8; number of scientific papers read, 3; financial condition, good; professional and social condition, only fair.

Dr. E. C. Grim, Councilor 6th District: Lewis County has 18 members with 6 delinquents and one moved away.

Knox County had 8 members last year and they are all delinquent this year.

Adair County: Their meetings are held monthly with an average attendance of 8; number of papers read, 12; and number of clinics held, 14. The meetings have been interesting and the members are doing good work.

Dr. L. W. Dallas, Councilor 7th District: Shelby County meets quarterly, with an average attendance of 10; 6 papers have been read and 4 clinics held. There are 22 members, with no delinquents.

Ralls County has held no regular meetings, but in July they had a meeting with an attendance of 17; 10 papers were read at this meeting and, altogether, it was full of interest. Since that time interest in the society meetings has been lax.

Marion County is doing good work. There are 29 members, with only 2 delinquents. Meetings are held monthly, with an average attendance of 12. Ten papers were read and two clinics held.

Dr. A. R. McComas, Councilor 9th District: Audrain County has held a number of meetings, with an average attendance of 6. There are 21 members, with 1 delinquent.

Boone County holds meetings quite regularly, with an average attendance of 10; 12 papers were read and 21 clinics held. Membership is 31, with 4 delinquents.

Callaway County meets regularly and has an average attendance of 5 members; 5 papers were read and one clinic was presented. There are 23 members, 3 of whom are delinquent at this time.

Howard County is doing good work and meets monthly. Average attendance is 8; 3 papers were read and 12 clinics presented. The membership is 18, 4 of whom are delinquent.

Montgomery County was reorganized in 1908 and has had an average attendance of 6 at its meetings. There are 11 members, all paid-up at the present time, and I anticipate much good work from this society during the year.

Dr. J. D. Brummall, Councilor 11th District: The counties of the 11th District continue their interest in the State Association and in maintaining its component parts, the county societies. The membership in the four county societies has increased from 93 to 105; meetings held from 29 to 32; scientific papers read from 26 to 28; clinics presented from 11 to 12. Average attendance at meetings is 8. There were 152 doctors in the district at our last meeting; five have moved in and four have moved out of the district, while four have died, one in each county. There are now in the district 149 physicians. After failing in my first effort to organize the district, as desired by the State Association, a call was made for a meeting at Chillicothe in conjunction with the Grand River Medical Society, for the purpose of organization. I attended this meeting and we succeeded in merging the Grand River Society into the Grand River Medical Society of the Eleventh District, and enrolled all the members, 105, of the different county societies as members. We hope to have a very good meeting at Carrollton in December. Dr. J. N. McCormack visited us at Chillicothe on May 5th, and held some good meetings, which we expect to bear fruit.

Dr. E. H. Miller, Councilor 12th District: Daviess County has a live society. The secretary, Dr. M. A. Smith, is a splendid worker and his enthusiasm and interest keeps the members working together harmoniously. Dr. McCormack lectured at Gallatin and I want to express here my appreciation of the work of Drs. Brosius and Smith, as well as all other members of the society, for the success of Dr. McCormack's meeting.

Caldwell County has the banner society in my district. Its secretary, Dr. Tinsley Brown, is a man who is always on hand to help keep up the work.

Clinton County has a splendid working society. There is some friction on account of one member and this has caused a little lack of interest, but I hope to straighten it out before next year.

Clay County Medical Society is a wide-awake society and a credit to the profession. They are doing good work.

Platte County will do good work in the future. The past year has been a poor one, because of the dissension aroused by the application of a physician who was objected to by certain members. This I have adjusted, as reported at a previous session of this meeting, and I anticipate excellent work in Platte County in the future.

Ray County: I have visited this county and listened to two splendid papers read at the meeting. The society has an annual banquet, at which the members get together in a social as well as professional spirit. Dr. Major, the secretary, is especially deserving of commendation on account of the good work that he is doing.

Dr. M. P. Overholser, Councilor 15th District: The Cass County Medical Society held its meetings regularly every two months during the past year. The attendance has been fairly good, and while we feel that the interest in the work of the society could have been greater, its members are deserving of much credit for the good work they are doing. Never before in the history of our country has there been such a friendly feeling among the members of the profession as at the present time. The society gave a banquet at the close of its fiscal year, which was largely attended by the physicians of our county and their wives, and which was a success in every way, as it seemed to inspire the members with renewed interest. The total paid-up membership last year was 26; the total paid-up membership this year is 28. One of our members moved to Colorado, another to Kansas City, and two are delinquent. Notwithstanding the loss of these 4 members, we have made a slight gain in membership during the past year. Our society sent a delegate to the International Congress on Tuberculosis. On May 16th Dr. J. N. McCormack delivered a lecture to a large audience in our court house at Harrisonville, which aroused much interest in our community along the lines of public health. All the pastors of our city took part in this meeting and gave up their Sunday evening service in order that their congregations could hear the address of Dr. McCormack. The meeting was a decided success in every respect, and a committee, consisting of clergymen, lawyers, business men and physicians, was appointed to adopt measures for safe-guarding the public health interests in our county by inspection of public schools, slaughter houses, milk supplies, food products, etc. The pastors of our city requested Dr. McCormack to return to our city at any time in the future, as they would gladly give up their pulpits for meetings of this kind.

Johnson County: This society is in good working order and during the past year has shown an increased interest in the real work of the organization. More and better papers have been read than at any time in the past and a better feeling is manifested among the individual members. The members are beginning to wake up to the fact that it is the duty of the county medical society to teach the public the fundamental principles of sanitation, and the prevention of disease. Several public meetings have been held, which were well attended. The lecture of Dr. J. N. McCormack has done the people and the profession of our community much good and has lifted up our society in the estimation of the public. The society has taken up the post-graduate course and is doing good work along this line. The total membership is 25.

Dr. Buchanan, Councilor 16th District: In Bates County the work has been better than ever before. The great trouble is to get the members to attend the meetings. The interest is good and the discussion is general. Average attendance, 8; 12 papers read, and 2 clinics held.

Vernon County: We have had great difficulty in securing papers as assigned on the program. At the beginning of the year we issue our program for the entire year, appointing the essayists; during each month the secretary notifies each member of the approaching meeting by mailing him a card, but it seems impossible to keep up sufficient interest to secure either the papers or a reasonable attendance. It is astonishing to note the absolute indifference even of members who are regular attendants at the state meetings. We have some members who are always in attendance at the state meetings who never attend their county society meetings. The burning question now before the profession is how to secure and hold interest in and attendance at our local county

meetings. The social and professional conditions of this society are good and our finances are satisfactory. The total membership is 9.

Barton County Society has accomplished very little. The average attendance at the meetings that have been held was 10. One paper was read. The interest is very lax, but the secretary, Dr. C. F. Brown, reports that he will keep pegging away and I hope to make a more satisfactory report on this county next year.

Dr. R. D. Haire, Councilor 17th District: Benton County is very progressive. The interest in the meetings is increasing. The average number in attendance at the meetings was 8; 3 papers have been read and 4 clinics presented.

Henry County Medical Society is doing splendid work. All papers are prepared with care and the members take a great deal of interest in other phases of county society work. The average attendance at meetings was 14; number of papers read, 6; number of clinics presented, 8. These clinics are a source of great pleasure and information to the members.

Pettis County is doing splendid work. It has a membership of 43 and an average attendance of 11; 15 papers were read at the meetings, and 4 clinics presented. The program committee arranges a program in the fall for the following six months, and the papers are usually prepared by the members as assigned.

St. Clair County Medical Society had only one meeting during the year. There were 8 members present, and apparently all who attended were interested in the work.

Dr. Frank DeVilbiss, Councilor 18th District: Moniteau County holds meetings quarterly, with an average attendance of 12. The number of papers read was 10, and 15 clinics were presented. Considerable interest is shown in the work and we have had a number of real, meritorious papers, several of which were published in the JOURNAL. I believe every eligible physician in Moniteau County is a member of the society.

Camden County is in a very rough district, which makes it very inconvenient for members to hold meetings. There are 7 members. Several meetings have been held, with an average attendanc of 5 or 6, and 3 clinics were presented. The members in Camden County deserve great credit for maintaining an organization, as it is very difficult to attend the meetings on account of the distance necessary to travel and the lack of transportation facilities.

Miller County meets quarterly. The average attendance has been 10, and 5 or 6 papers were read at each meeting. Two clinics were held, at each of which four or five cases were reported. The papers read were studiously prepared and earnestly discussed by the members.

Dr. Ettmueller, Councilor 19th District: Cole County had no clinics and no papers were read during the year 1908. The new president has aroused considerable interest in society work and 4 clinics have been held since the election in January, 1909. I anticipate that this society will do much better work during the coming year.

Gasconade-Maries-Osage County Medical Society: I visited this society once during the year and found great interest among the members; nearly every member attended the meeting. Eight or nine papers were read and discussed, all taking part in the discussion. I am reliably informed that all other meetings of the society are well attended and I believe the interest in their proceedings is very pronounced. Dr. Ferrell, the new secretary, has unfortunately been sick, but he will do good work as soon as he is able to continue his duties.

Dr. G. M. Rutledge, Councilor 21st District: Ste. Genevieve County has 11 members, with no delinquents. Meetings are held quarterly, with an average attendance of 4.

Jefferson County has 11 members and one delinquent. The average attendance at the quarterly meetings is 6; 12 papers have been read, but no clinics presented. The society is doing good work.

Dr. F. R. Newberry, Councilor 22d District: Madison County meets the first and third Tuesday of each month. Average attendance is 8; number of papers read, 11; 3 cases were presented and 56 clinical reports made. The society is making good progress and the interest in the work is very excellent.

Mississippi County holds monthly meetings, with an average attendance of 8; 10 papers were read and 6 clinics held. There are 14 members, with no delinquents.

Scott County is in a good condition. Meetings are held on the first Monday in each quarter, with an average attendance of 9. Four papers were read and 2 clinics presented. The interest in the work is excellent and the discussions on papers and cases presented are very good.

Cape Girardeau County is doing good work. Meetings are held monthly, with an average attendance of 7; 16 papers have been read. The members take great interest in the work of the society and are progressing nicely.

Dr. T. C. Allen, Councilor 23d District: Stoddard County Society has had a quite successful year and has done work of a very high character. During the five years of the life of this society, it has never failed to hold its stated meetings and to do scientific work. The average attendance of the membership is very good, but I regret that the membership does not represent a larger per cent. of the eligible physicians of the county. However, the outlook is more gratifying than it was at this time last year.

Dunklin County: I have just recently succeeded in effecting a reorganization of this county and I feel that it is now on a good footing and will grow to satisfactory proportions.

Penniscot County: I failed to perfect the organization of this county society, owing to unfavorable weather the day I visited Caruthersville, but matters there are in a satisfactory state and I think I shall be successful in having them at work soon.

New Madrid County has so far proved a hopeless case, but I hope by another year to report it organized and working.

I am sending up from Stoddard County an appeal by Dr. W. C. Dieckman from a decision of the society expelling him for unethical conduct, and it is accompanied by a transcript of the proceedings which are, I think, full and sufficient. I was a member of the board of censors of the local society, and in that capacity recommended a probational suspension of one year; the society, however, expelled him. Some subsequent developments in his actions and methods have caused me to think that the action of the society was not too severe, and I would, therefore, recommend that it stand.

In the case of Dr. H. LaRue, for reasons set forth in the transcript before you, I made no recommendation and have none to make now. I was not present at the meeting at which the vote of the society was taken on these two cases.

Dr. T. W. Cotton, Councilor 24th District: I have been able to obtain a report from only one county, Butler. This society is doing its second year of post-graduate work, with an occasional paper on some

practical subject. The attendance is better this year than at any previous year in the history of the society. The clinical work is practical and instructive; the papers show that great care has been given them, and as a rule are thorough and exhaustive.

Dr. J. F. Harrison, Councilor 25th District: The organization of the medical profession in the counties composing the 25th district is not good. Your councilor frankly admits that if it had been possible to give the work the attention that it should have had, the existing conditions might have been materially improved. In many instances the physicians live a great distance from the county-seat towns, and railroad facilities are either nil or very poor; consequently, it is impossible for the members to attend the meetings regularly, and, as a result of this, very little interest is taken. Naturally the doctors feel that they do not receive very great benefits from the organization.

Ten members of St. Francois County Society have paid dues for 1909, and 4 members in Iron County. Reynolds County and Washington County are still unorganized. I am not definitely informed, but am under the impression that some of the doctors in Reynolds and Washington hold membership in adjoining counties.

Dr. R. L. Johnson, Councilor 26th District: Dent County holds meetings monthly. The average attendance is 5. No papers were read, but 5 clinics have been presented.

Laclede County meets quarterly. Five papers were read and discussed, all the papers being on practical subjects, and the discussion animated and interesting. The average attendance at meetings is 10.

Pulaski County has 12 members, all paid-up, which represents all the eligible physicians in the county. The average attendance is 5, and 2 papers have been read at each meeting; also one clinic presented.

Phelps County meets quite regularly, with an average attendance of 6. Five papers have been read and the members are fairly well organized for continuing county society work.

Dr. H. C. Shuttee, Councilor 27th District: Carter-Shannon County is doing good work; meetings are held quarterly, with an average attendance of 6. Five papers were read and 2 clinics presented.

Howell County has 19 members, with 3 delinquents. The membership is very good, but the amount of scientific work and clinical material presented is not up to the standard. The meetings are held quarterly, with an average attendance of 8. Four papers were read and discussed.

Dr. T. A. Coffelt, Councilor 28th District: Webster County: I have been unable to obtain a report from the secretary of Webster County, but I know the society is doing good work and practically every eligible physician in the county is a member. The meetings are well attended and 7 papers have been read and discussed and 12 cases reported.

Polk County: I have not visited Polk County this year, but the secretary reports that the members are taking more interest in the work than they did in former years. They are beginning to feel the importance of maintaining the organization, and I look for much from this society in the next year. The average attendance has been 7 and 3 papers were read.

Lawrence-Stone is one of the best counties in our state. All meetings are well attended and papers read and discussed with interest and enthusiasm. The average attendance has been 18, and 14 papers were read.

Greene County holds weekly meetings and has taken up the postgraduate course. The general character of the scientific work is inspiring

and the interest good at all meetings. There are 55 members in good standing and 8 delinquent.

Barry County failed to give any report and I have been unable to pay a personal visit to this society during the year.

Taney County has held a number of meetings with an average attendance of 5; 4 papers were read and a number of cases reported. This society is only a year old. The transportation facilities to the meeting places being very poor, I consider the society has made a very good showing.

Christian County is in poor shape. The members are slow to attend the meetings, but some of them are so located that they lose much time in attending the meetings, hence the average attendance has been only 4. All members are in good standing and have paid their dues.

Dr. A. R. Snyder, Councilor 29th District: Cedar County meets monthly, and while no papers were read, a number of clinics were held, which proved instructive and interesting. The average attendance has been 5, but as it is difficult for some of the members to reach the meeting places, I consider this a fairly good showing. The society has been active in ridding the county of disreputable practitioners, so that at the present time every physician in the county is eligible to membership; there are 6 who have not as yet joined the society.

Newton County and McDonald County usually meet together. The papers read and the clinics presented have been very satisfactory, and the society is doing good work, although some apathy exists. The members have not as yet paid their dues, but the secretary reports that he hopes to secure all dues by the 15th of June.

Jasper County: The meetings have been very interesting to all those who attend. The attendance has not been as good as it should have been. Every member has been busy attending to his own affairs and attendance at meetings has been somewhat neglected. If meetings were monthly instead of weekly, of course the attendance would be much larger. The average attendance at the weekly meetings is 12; 28 papers have been read, and 15 clinics presented.

GENERAL SESSION.

FIRST DAY—Tuesday, May 18, 1909.

HOUSE OF REPRESENTATIVES.

The general session was called to order at 7:50 P. M., Dr. Woodson Moss in the chair.

The President, Dr. A. R. Kieffer, delivered his annual address.

Dr. Robert H. Goodier, of Hannibal, orator on medicine, delivered an address entitled, "The Trend and Benefits of Modern Medicine."

Dr. Frank J. Lutz, of St. Louis, delivered the oration on surgery, his subject being "The Nature of Cancer and Recent Additions to the Methods of Treating Inoperable Cancers."

On motion the session adjourned at 10:30 P. M.

SECOND DAY—Wednesday, May 19th, 1909.

The meeting was called to order at 8:10 P. M., Governor Herbert S. Hadley in the chair.

Dr. J. N. McCormack, chairman of the National Organization Committee of the American Medical Association, addressed the meeting on the subject of medical organization.

Governor Hadley also delivered a short address.

The session adjourned at 9:45 P. M.

THIRD DAY—Thursday, May 20th, 1909.

The general session was called to order at 9:30 A. M., President Kieffer in the chair.

Dr. Kieffer named the following tellers for the ballot on the election of president: Dr. Franklin E. Murphy, Kansas City; Dr. Rudd, Salem; Dr. J. H. Amerland, St. Louis; Dr. E. F. Jansen, Sedalia.

The Secretary read a report of the proceedings of the House of Delegates, as follows:

SYNOPSIS OF PROCEEDINGS.

"The report of the Committee on Medical Education recommended that provision be made for annual inspection of medical colleges in the State by personal inspection by the State Board of Health and the members of the Committee on Medical Education, acting together. Also that the general scheme of medical education, adopted by the American Medical Association in 1904 be adopted by the Missouri State Medical Association and the general scheme of medical education so outlined be recommended to the medical colleges of Missouri. The recommendations of the Committee on Medical Education, relative to the practice of midwifery, were referred to the Committee on Public Policy and Legislation.

"The report of the Committee on Public Policy and Legislation is the most satisfactory report that this committee has ever had the pleasure of making to the Association.

"A most gratifying part of the report is the fact that no adverse medical legislation was put on the statute books.

"The Medical Secretaries' Association held a meeting, at which were presented valuable and interesting papers on matters pertaining to the work of the county secretaries, councilors, etc.

"The Medical Defense Committee reported that a number of suits for malpractice had been defended, one of which was dismissed and the others continued. The committee was able to perform its duties and obtain competent legal advice without drawing upon the fund of $500.00, placed to its credit at the last annual meeting. The House of Delegates adopted a by-law, making defense a constitutional provision for the protection of our members, and appropriated $1,000.00 for a fund to be used for defending members.

"The Committee on Tuberculosis reported that our State has taken a prominent position in the list of states which try to prevent and control the ravages of this dread destroyer. A Tuberculosis Commission has been established in the City of St. Louis, and $25,000.00 appropriated out of the city's fund.

"Gov. Hadley has taken an active interest in public health matters and through his recommendation the State Penitentiary will be placed in a better sanitary and hygienic condition than obtained in previous years. The State Sanatorium for Incipient Tuberculosis has received an appropriation of $176,000.00, thus enabling that institution to extend its

beneficent care to a largely increased number of afflicted persons in our State.

"The Treasurer's report showed that the finances of the Association are in good condition and will permit a limited expenditure of funds in securing many objects which are the proper aims of this Association, such as medical defense and the revision of present medical laws and creating new laws.

"The Secretary suggested that a permanent official badge of membership be adopted, which has received the approval of the House of Delegates.

"A medical expert committee was authorized, to be appointed by the President, consisting of three members. This committee will confer with a like committee from the Missouri Bar Association, to devise means for developing a competent system of medico-legal expert testimony which shall be acceptable in cases of law."

On motion the report was received.

The tellers announced the result of the informal ballot for president, viz: Dr. Tinsley Brown, 89; Dr. H. E. Pearse, 57; scattering, 12.

Report of the tellers on formal ballot for president: Dr. Tinsley Brown, 114; Dr. Herman Pearse, 79. Dr. Brown was declared elected.

On motion the election of Dr. Brown was made unanimous.

Dr. Lester Hall nominated Dr. N. P. Wood, of Independence, for orator in medicine, and on motion the by-laws were suspended and the Secretary instructed to cast the ballot for Dr. Wood.

Dr. Griffith nominated Dr. Francis Reder, of St. Louis, for orator in surgery. On motion the by-laws were suspended and the Secretary cast the ballot for Dr. Reder.

On motion the general session adjourned.

MEDICAL SECTION.

SECOND DAY—Wednesday, May 19, 1909.

HOUSE OF REPRESENTATIVES.

MORNING SESSION.

The meeting was called to order at 9:40 A. M., Vice-Chairman, Dr. Franklin E. Murphy, Kansas City, in the chair.

The following papers were read and discussed:

The New Standard of the Diet with Reference to Health and Disease, by Dr. I. J. Wolf, Kansas City.

Discussion: Dr. Joseph Grindon, St. Louis; Dr. Sloan, Kansas City; Dr. Frederick W. Froehling, Kansas City; Dr. Bell, St. Joseph; Dr. Wolf, closing.

Acute Pulmonary Edema with Report of Cases, by Dr. James Q. Chambers, Kansas City.

Discussion: Dr. Pettit; Dr. Woodson, St. Joseph; Dr. I. J. Wolf, Kansas City; Dr. Wood, Independence; Dr. Porter, St. Louis; Dr. Sloan, Kansas City; Dr. Chambers, closing.

Tuberculosis as the General Practitioner Sees It, by Dr. O. H. Brown, Mt. Vernon.

Discussion: Dr. Bell, St. Joseph; Dr. Porter, St. Louis; Dr. I. J. Wolf, Kansas City; Dr. Schreiner; Dr. Schauffler, Kansas City; Dr. Ryland, Lexington; Dr. Brown, closing.

Serum Diagnosis of Syphilis, by Dr. John W. Marchildon, St. Louis.

Discussion: Dr. W. W. Graves, St. Louis; Dr. Joseph Grindon, St. Louis; Dr. Guthrie McConnell, St. Louis.

Adjourned at 12:20 to meet at 1:30 o'clock.

AFTERNOON SESSION.

The Section was called to order at 2 o'clock, Dr. Murphy in the chair.

The following papers were read and discussed:

The Value of a State Laboratory, by Dr. Guthrie McConnell, St. Louis.

Discussion: Dr. I. J. Wolf, Kansas City; Dr. McConnell, closing.

Fractures; General Considerations, by Dr. A. J. Campbell, Sedalia. No discussion.

Emergency Surgery in the Country, by Dr. J. B. Norman, California, Mo. No discussion.

Dr. Murphy having been summoned to the Judicial Council, Dr. N. P. Wood was called to the chair.

The Diagnostic Value of the Systolic Murmur at the Apex of the Heart, by Dr. Frederick W. Froehling, Kansas City.

Discussion: Dr. Sloan, Kansas City; Dr. Chambers, Kansas City; Dr. Wolf, Kansas City; Dr. Froehling, closing.

In the absence of Dr. Engelbach, it was moved that his paper be read at the end of the program.

Nine Cases of Cerebro-spinal Meningitis Treated with Flexner's Serum, by Dr. D. L. Harris, St. Louis.

Discussion: Dr. Wolf, Kansas City; Dr. Seba, Bland; Dr. Woodson, St. Joseph; Dr. Harris, closing.

Scientific Employment of Drugs, by Dr. W. R. Patterson, Tipton. No discussion.

The Relation of Physician and Surgeon in Appendicitis Cases, by Dr. A. B. Miller, Macon.

Discussion: Dr. Seba, Bland; Dr. W. G. Moore, St. Louis; Dr. Lester Hall, Kansas City; Dr. Nifong, Columbia; Dr. Norman, California; Dr. Cole, Sedalia; Dr. Hale, Dearborn; Dr. Miller, closing.

Meeting adjourned at 5 P. M.

THIRD DAY—Thursday, May 20, 1909.

MORNING SESSION.

The meeting was called to order at 10:45 A. M., Dr. Franklin Murphy in the chair.

Moved, seconded and carried that election of officers be held at 11:45 or as soon thereafter as possible.

Moved, seconded and carried that a committee of three be appointed by the chairman to notify members not present of the time set for election of officers. Drs. Brewer, Cole and Goin were appointed on this committee.

The scientific program was taken up and the following papers were read:

The Doctor as a Witness, by Dr. John Ashley, Bloomfield.

Discussion: Dr. Woodson, St. Joseph; Dr. Dallas, Hunnewell; Dr. Hale, Dearborn; Dr. Ashley, closing.

Election of officers.

Moved by Dr. Sloan that Dr. Franklin Murphy, Kansas City, be placed in nomination for chairman. Seconded and carried.

Moved that the by-laws be suspended and that the Secretary cast the ballot for Dr. Murphy. Seconded and carried.

Dr. Clark nominated Dr. H. B. Cole, Sedalia, for vice-chairman. Nomination seconded by Dr. Hale. Carried.

Moved, seconded and carried that the by-laws be suspended and the Secretary cast the ballot for Dr. Cole.

Moved by Dr. Allee that Dr. W. R. Patterson be nominated for Secretary. Seconded and carried.

Moved that the by-laws be suspended and that the chairman cast the ballot for Dr. Patterson. Seconded and carried.

At 12 o'clock the Section adjourned to meet at 1:30 P. M.

AFTERNOON SESSION.

The meeting was called to order at 1:50 P. M., Dr. Murphy in the chair.

Dr. Murphy apologized for being unable to read his paper which, by mistake, had been sent to the depot.

In the absence of Dr. Patterson, Dr. Statler was appointed temporary chairman.

In the absence of Dr. Child, whose paper had been forwarded, a motion was carried that his paper be read after the completion of the regular program.

Motion was carried that Dr. Engelbach's paper be read after completion of the regular program, if time permitted.

The following papers were read and discussed:

Obesity, by Dr. W. K. Statler, Oak Ridge.

Discussion: Dr. Joseph Grindon, St. Louis; Dr. Sloan, Kansas City; Dr. Murphy, Kansas City; Dr. Statler, closing.

Solidified Carbon Dioxid as a Tropical Agent, by Dr. Joseph Grindon, St. Louis.

Discussion: Dr. Goin, Breckenridge; Dr. Grindon, closing.

Ruptured Bladder with Report of a Case, by Dr. F. J. Tainter, St. Charles.

Discussion: Dr. H. C. Crowell, Kansas City.

Aneurysm of Thoracic Aorta, by Dr. Wm. Engelbach, St. Louis. This paper was read by Dr. Cole in the absence of Dr. Engelbach.

Discussion: Dr. Sloan, Kansas City; Dr. Grindon, St. Louis; Dr. Lester, Kansas City.

Malarial Infection in Children, by Dr. Scott P. Child, Kansas City. No discussion.

On motion the Section adjourned at 3:40 P. M.

SURGICAL SECTION.

SECOND DAY—Wednesday, May 19, 1909.

SENATE CHAMBER.

MORNING SESSION.

The Surgical Section convened May 19, 1909, at 9:00 o'clock A. M., and the following proceedings had:

Dr. James Moores Ball, St. Louis, read a paper entitled "Dr. Adam Hammer, Surgeon and Apostle of Higher Medical Education."

Dr. T. F. Lockwood, Butler, read a paper entitled, "Problems and Possibilities of a Country Practitioner from a Surgical Standpoint," which

was discussed by Drs. Francis Reder, St. Louis; A. H. Meisenbach, St. Louis.

Dr. W. E. Leighton, St. Louis, read a paper entitled "Anesthesia."

Dr. William W. Stevens, Kansas City, read a paper entitled "Late Effects of Chloroform."

Dr. C. M. Nicholson, St. Louis, read a paper entitled, "A Study of the Action of Scopolamine-Morphine on the Heart, Liver and Kidneys; with a Report of Six Hundred Cases of Scopolamine-Morphine Administered as a Preliminary to General Anesthesia."

The last three papers were discussed by Drs. W. B. Dorsett, St. Louis; C. H. Wallace, St. Joseph; F. J. Lutz, St. Louis; M. G. Seelig, St. Louis; J. Block, Kansas City; Jno. Punton, Kansas City; O. B. Campbell, St. Joseph; A. H. Meisenbach, St. Louis; Gordon A. Beedle, Kansas City; Herman E. Pearse, Kansas City.

Dr. M. G. Seelig, St. Louis, read a paper entitled "The Physiology of Shock," which was discussed by Dr. McCandless.

The session thereupon adjourned to meet at one o'clock in the afternoon.

AFTERNOON SESSION.

The Section was called to order at one o'clock by Chairman Tupper, and the following proceedings were had:

Dr. G. Wiley Broome, St. Louis, read a paper entitled "Compound Fractures and Remote Effects, Under Prevailing Treatment."

Dr. Herman E. Pearse, Kansas City, read a paper entitled "Internal or Direct Splints in the Treatment of Fractures."

The two papers were discussed by Dr. Jabez N. Jackson, Kansas City; Dr. A. H. Meisenbach, St. Louis; Dr. V. P. Blair, St. Louis.

Dr. C. W. Watts, Fayette, read a paper entitled "Report of a Case of Osteo-Sarcoma."

Dr. Vilray Papin Blair, St. Louis, read a paper entitled "The Proper Age at which to Operate for Clefts of the Hard Palate."

Dr. Francis Reder, St. Louis, read a paper entitled "Remarks on Tumors of the Parotid Gland."

Dr. Edward G. Blair, Kansas City, read a paper entitled "The Treatment of Parenchymatous and Exophthalmic Goitre."

Dr. Louis Rassieur, St. Louis, read a paper entitled "Report of Two Cases of Injury to the Heart."

Dr. C. R. Dudley, Hannibal, read a paper entitled "Cancer of the Stomach."

Dr. Max W. Myer, St. Louis, read a paper entitled "Regurgitant Vomiting Due to Unusual Adhesions Following Gastroenterostomy, with Pyloric Exclusion."

The chair thereupon announced that the hour for election of officers for the ensuing year had arrived, and the scientific program was temporarily suspended.

The following named officers were unanimously elected to serve for the ensuing year:

Chairman, Dr. Willard Bartlett, St. Louis. Vice-Chairman, Dr. C. R. Dudley, Hannibal. Secretary, Dr. Louis Rassieur, St. Louis.

The scientific work was thereupon resumed.

Dr. Fritz J. Moennighoff, Kansas City, read a paper entitled "Surgical Dyspepsia."

The papers by Dr. Dudley on "Cancer of the Stomach," Dr. Myer on "Regurgitant Vomiting," and by Dr. Moennighoff on "Surgical Dyspepsia," were discussed by Dr. Herman E. Pearse, Kansas City.

Dr. C. C. Morris, St. Louis, read a paper entitled "Practical Points in Abdominal Surgery."

The session thereupon adjourned.

THIRD DAY—Thursday, May 20th, 1909.

MORNING SESSION.

The Section was called to order at 9:00 o'clock by Chairman Tupper, and the following papers were read:

Dr. R. M. Funkhouser, St. Louis, read a paper entitled "Some Remarks Regarding Gall Bladder Diseases," which was discussed by Dr. Block, of Kansas City; Dr. Potter, of St. Joseph; Dr. Rodney J. Bunch, St. Louis; Dr. Francis Reder, St. Louis; Dr. John D. Seba, Bland, and Dr. Louis Rassieur, St. Louis.

Dr. Luther E. Todd, St. Joseph, read a paper entitled "A Critical Review of a Series of Appendix Cases," which was discussed by Dr. T. F. Lockwood, Butler; Dr. W. T. Elam, St. Joseph; Dr. J. D. Griffith, Kansas City; Dr. Paul Y. Tupper, St. Louis; Dr. A. R. Kieffer, St. Louis, and Dr. Francis Reder, St. Louis.

The paper by T. E. Potter entitled "Intestinal Obstruction with Special Reference to Paresis of the Bowel," was read by title.

The morning session thereupon adjourned.

AFTERNOON SESSION.

Section called to order by President Tupper.

Dr. Rodney J. Bunch, St. Louis, read a paper entitled "Surgical Treatment of Amebic Dysentery, by Appendicostomy," which was discussed by Dr. A. R. Kieffer, St. Louis; Dr. Louis Rassieur, St. Louis; Dr. J. D. Griffith, Kansas City; Dr. Coffey, Dr. Davis Forster, St. Louis.

Dr. H. S. Crossen, St. Louis, read a paper entitled "Ectopic Gestation Symptoms in Gonorrheal Salpingitis Cases," which was discussed by Dr. B. Clark Hyde, Kansas City; Dr. J. D. Griffith, Kansas City; Dr. A. R. Kieffer, St. Louis; Dr. Hall, Kansas City.

Dr. John McH. Dean, St. Louis, read a paper entitled "Dysmenorrhea," which was discussed by Dr. H. S. Crossen, St. Louis; Dr. Bradley; Dr. Davis Forster, St. Louis; Dr. Bridges.

Dr. Davis Forster, St. Louis, read a paper entitled "Ovarian Tumor Complicating Pregnancy, with Recovery After Operation," which was discussed by Dr. H. S. Crossen, St. Louis; Dr. Bradley; J. D. Griffith, Kansas City.

Dr. W. H. Coffey, Kansas City, read a paper entitled "Excision of Lower Part of Rectum; Report of Case," which was discussed by Dr. Stauffer, St. Louis; Dr. E. H. Thrailkill, Kansas City.

Dr. J. S. Wallace, Brunswick, read a paper entitled "Modern Methods in the Surgical Treatment of Rectal Diseases," which was discussed by Dr. E. H. Thrailkill, Kansas City; Dr. Lark; Dr. J. D. Griffith, Kansas City; Dr. C. H. Suddarth, Smithville.

Dr. E. H. Thrailkill, Kansas City, read a paper entitled "The Immediate Suture Operation in Fistulo in Ano; with Report of Cases."

Dr. C. H. Suddarth, Smithville, read a paper entitled "The Radical Operation for Hernia as Seen by the Country Surgeon," which was discussed by Dr. A. R. Kieffer, St. Louis.

Dr. B. Clark Hyde, Kansas City, read a paper entitled "Report of a Case of Shoulder-Joint Amputation, with Peculiar Sequelae," which was discussed by Dr. J. D. Griffith, Kansas City.

The paper by Dr. John D. Seba, Bland, entitled "The Open Method of Treating Joints, With Report of Case," was read by title.

A motion was made by Dr. J. D. Griffith that the Section extend to the officers a vote of thanks for the excellent and impartial manner in which the proceedings were conducted. The motion was seconded, and, being put to a vote by Dr. Griffith, was unanimously adopted.

Upon motion the Section thereupon adjourned *sine die*.

EYE, EAR, NOSE AND THROAT SECTION.

SECOND DAY—Wednesday, May 19, 1909.

COMMITTEE ROOM.

MORNING SESSION.

The Section was called to order at 9 o'clock, the Chairman, Dr. J. H. Thompson, presiding.

The Secretary, Dr. T. McLemore, not being present, Dr. Clarence Loeb, of St. Louis, was appointed Secretary pro tem.

After a few introductory remarks by the President, congratulating the members upon the formation of this Section, the official program was taken up and the following papers read:

"Prevention of Ophthalmia Neonatorum," by Dr. P. I. Leonard, of St. Joseph. This paper was discussed by Dr. John Green, Jr., of St. Louis; Dr. H. H. Look, of Kansas City; Dr. J. D. Pifer, of Joplin; Dr. Guy L. Noyes, of Columbia; Dr. Barton Pitts, of St. Joseph; Dr. F. B. Tiffany, of Kansas City; Dr. Leonard, in closing.

"Ophthalmological Experiences," by Dr. Barton Pitts, of St. Joseph.

Discussion: Dr. P. I. Leonard, St. Joseph; Dr. John Green, Jr., St. Louis; Dr. F. B. Tiffany, Kansas City; Dr. W. H. Schutz, Kansas City; Dr. J. D. Pifer, Joplin; Dr. A. E. Derwent, Clinton; Dr. H. H. Look, Kansas City; Dr. E. J. Norris, St. Louis; Dr. S. G. Kelly, Sedalia; Dr. John S. Wever, Kansas City; Dr. F. B. Tiffany, Kansas City; Dr. J. H. Thompson, Kansas City.

On motion the Section adjourned until 1:30 P. M.

AFTERNOON SESSION.

The Section was called to order by the Chairman at 1:30, and the following papers read and discussed:

"The Art of Refraction," by Dr. John Green, Jr., St. Louis.

Discussion: Dr. A. E. Derwent, Clinton; Dr. J. D. Pifer, Joplin; Dr. Green, in closing.

"Report of an Accidental Opening of the Lateral Sinuses," by Dr. Eugene M. Senseney, of St. Louis.

Discussion: M. C. Shelton, of Joplin; R. P. Scholz, of St. Louis; Dr. Senseney, in closing.

"Ocular Diseases Due to Systemic Influences," by Dr. W. H. Minton, of St. Joseph.

Discussion: Dr. P. I. Leonard, St. Joseph; Dr. John Green, Jr., St. Louis; Dr. F. C. Ewing, St. Louis; Dr. A. E. Derwent, Clinton; Dr. J. D. Pifer, Joplin; Dr. Minton, in closing.

"Corneal Ulcers and Their Treatment," by Dr. S. G. Kelly, Sedalia.

Discussion: Dr. Guy L. Noyes, Columbia; Dr. F. B. Tiffany, Kansas City; Dr. W. H. Schutz, Kansas City; Dr. Joseph Lichtenberg, Kansas City; Dr. John Green, Jr., St. Louis; Dr. J. D. Pifer, Joplin; Dr. Kelly, in closing.

"Our Overstocked Instrument Case a Plea for Operative Simplicity in Oto-Laryngology," by Dr. Fayette C. Ewing, of St. Louis.

Discussion: Dr. R. P. Scholz, St. Louis.

THIRD DAY—Thursday, May 20, 1909.

MORNING SESSION.

The Section was called to order by the Chairman at 9 o'clock.

Election of officers being in order, Dr. Noyes nominated Dr. John Green, Jr., of St. Louis, for president. On motion the rules were suspended and the Secretary instructed to cast the vote of the Section for Dr. Green. Dr. Lichtenberg nominated Dr. Clarence Loeb, of St. Louis, for Secretary. On motion the rules were suspended and the vote of the Section was cast for Dr. Loeb for Secretary.

The scientific program was then taken up and the following papers read:

"My Operation for the Extirpation of the Lachrymal Sac," by Dr. Carl Barck, of St. Louis.

Discussion: Dr. J. L. Lichtenberg, Kansas City; Dr. J. H. Thompson, Kansas City; Dr. B. F. Tiffany, Kansas City; Dr. Carl Barck, in closing.

"Ocular Examination as an Aid to Prognosis in Otitis Media Suppurativa," by Emil W. Klokke, St. Louis.

Discussion: Dr. Scholz, St. Louis; Dr. Barck, St. Louis; Dr. Lichtenberg, Kansas City; Dr. Pfingsten, St. Louis; Dr. Klokke, in closing.

"Some Phases of Labyrinthine Diseases Following Middle Ear and Mastoid Suppurations," by Dr. C. F. Pfingsten, St. Louis.

Discussion: Dr. Shelton, Joplin; Dr. Scholz, St. Louis; Dr. Barck, St. Louis; Dr. Ewing, St. Louis; Dr. Pfingsten, in closing.

"Methods of Clinical Teaching in Otology," by Dr. Seldon Spencer, St. Louis.

Discussion: Dr. Schutz, Kansas City; Dr. Ewing, St. Louis; Dr. Kelly, Sedalia; Dr. Lichtenberg, Kansas City.

"Glaucoma." Illustrated with stereopticon views of microscopical specimens, by Dr. F. B. Tiffany, Kansas City.

Discussion: Dr. Barck, St. Louis; Dr. Tiffany, in closing.

"Accidental Removal of the Stapes," by Dr. F. C. Simon, St. Louis.

Discussion: Dr. Schutz, Kansas City; Dr. Pfingsten, St. Louis; Dr. Simon, in closing.

"Osteoma of the Choroid," by Dr. W. H. Schutz, Kansas City.

Discussion: Dr. Klokke, St. Louis; Dr. Tiffany, Kansas City; Dr. Barck, St. Louis; Dr. Schutz, in closing.

On motion adjourned to 1:30 P. M.

AFTERNOON SESSION.

The meeting was called to order by Dr. Ewing.

Dr. W. E. Sauer, of St. Louis, read a paper entitled "Otitic Sinus Phlebitis and Thrombosis; With Report of a Case of Phlebitis and Thrombosis of Lateral Sinus and Jugular Bulb."

There being no discussion, the Section adjourned *sine die*.

MISSOURI SOCIETY OF MEDICAL SECRETARIES.

TUESDAY, MAY 18TH.

The Missouri Society of Medical Secretaries met in the House of Representatives at 3:30 P. M., the president, Dr. F. W. Burke, in chair. The secretary, Dr. Chas. Wood Fassett, being absent on account of illness, Dr. Tinsley Brown was elected secretary pro tem. The minutes of the last meeting being absent could not be read and there being no further business the program was taken up, and the following papers read:

"The Missouri State Medical Association: What it Should Mean to the Missouri Doctor," by Dr. Tinsley Brown, of Hamilton. "What it Should Mean to the State at Large," by Dr. E. C. Grim, of Kirksville. "The Secretary's Work From a Business Standpoint," by Dr. E. N. Chastain, of Butler. "The State Journal: What it Should Mean to the Individual Member," by Dr. L. W. Dallas, of Hunnewell. "What the County Secretary Can Do to Make the State Journal a More Forceful Element in Medical Organization," by Dr. E. J. Goodwin, of St. Louis. This paper was read by the secretary in the absence of the author whose duties demanded his attendance at the Council meeting. "Prosecution of Irregulars: The Experience of a County Secretary," by Dr. M. A. Smith, of Gallatin. The papers were more or less discussed.

The election of officers for the ensuing year was then held and resulted as follows: E. N. Chastain, Butler, president; Dr. E. C. Grim, Kirksville, vice-president; Dr. V. O. Williams, Nevada, second vice-president. Dr. Chas. Wood Fassett, St. Joseph, was re-elected secretary-treasurer.

The executive committee was to be appointed by the incoming president. The society took a recess to meet at the dining hall for banquet. The menu was furnished by the ladies of the Christian Church in a building just east of the new Supreme Court Building. About fifty secretaries and others participated in the banquet from 7:30 to 8:30. Dr. J. N. McCormack delivered an address on medical organization, after which the society adjourned to meet at the time of the next meeting of the Missouri State Medical Association.

Following is a list of members registered at the Fifty-second Annual Meeting:

Amerland, J. H., St. Louis.
Anthony, C. A., Fredericktown.
Anthony, F. R., Maryville.
Albus, E. A., Smithton.
Alderman, M. C., Sedalia.
Asher, J. A., Trenton.
Allee, W. L., Eldon.
Allee, W. S., Olean.
Allee, E. M., Speed.
Allee, G. D., Lemar.
Aldridge, M. R., Jefferson City.
Adkins, C., Independence.
Ashley, John, Bloomfield.
Bartlett, Willard, St. Louis.
Bedford, S. V., Jefferson City.
Brosius, W. L., Gallatin.
Brown, F. H., Billings.
Barck, Carl, St. Louis.
Brosius, W. L., Jr., Gallatin.
Bonham, V. Q., New Franklin.
Burke, F. W., Laclede.
Braecklein, W. A., Higginsville.
Burdett, C. W., Branson.
Buchanan, J. R., Nevada.
Bullock, F. E., Forest City.
Brown, Tinsley, Hamilton.
Beedle, Gordon A., Kansas City.
Beatie, W. R., Marshfield.
Bell, W. T., Stoutsville.
Benham, C. E., Parksville.

Burke, J. P., California.
Bohling, C., Sedalia.
Brummall, J. D., Salisbury.
Babler, E. A., St. Louis.
Baker, J. H. T., Salisbury.
Broome, G. Wiley, St. Louis.
Block, J., Kansas City.
Bridges, J. R., Kahoka.
Bradley, A. H., St. Louis.
Bell, J. M., St. Joseph.
Boulware, T. C., Butler.
Blair, E. G., Kansas City.
Breuer, W. H., St. James.
Brown, O. H., Mt. Vernon.
Bunch, Rodney J., St. Louis.
Bryan, E. M., Fulton.
Crossen, H. L., St. Louis.
Curl, A. C., Cross Timbers.
Clark, W. A., Jefferson City.
Cole, H. B., Sedalia.
Chandler, J. F., Forest City.
Chapman, A. W., Charleston.
Craig, T. B., Nevada.
Callaway, T. H., Nevada.
Carthrae, Lewis, Corder.
Cline, W., Appleton City.
Campbell, A. J., Sedalia.
Crowson, E. L., Pickering.
Cotton, T. W., Van Buren.
Clark, J. W., Carterville.
Crabtree, J. W., Butler.
Coffey, W. H., Kansas City.
Chambliss, E. L., Kansas City.
Callison, E. C., Kirksville.
Chastain, E. N., Butler.
Chesmore, H. P., Princeton.
Chambers, J. C., Kansas City.
Crowell, H. C., Kansas City.
Dawson, J. W., El Dorado Springs.
Dove, O. H., Kansas City.
Dallas, L. W., Hunnewell.
Dillon, Marion, Fairfield.
Duncan, J. H., St. Louis.
Davis, J. R., Mokane.
Dunaway, L. T., Caplinger Mills.
Donaldson, G. H., Kansas City.
Dorsett, W. B., St. Louis.
Dorsett, E. Lee, St. Louis.
Dickson, W. R., Tuscumbia.
Derwent, A. E., Clinton.
DeVilbiss, E. F., Nevada.
DeVilbiss, Frank, Eugene.
Downing, T. J., New London.
Dudley, C. R., Hannibal.
Estill, W. G., Lawson.
Engman, M. F., St. Louis.
Elam, W. T., St. Joseph.
Ettmueller, G., Jefferson City.
Enloe, C. F., Jefferson City.
Evans, C. L., Oregon.
Elliott, W. H., Bunceton.
Ewing, Fayette C., St. Louis.
Freudenberger, H. C., Clarksburg.
Funkhouser, R. M., St. Louis.
Fulton, Frank, Plattsburg.
Ferguson, W. J., Sedalia.
Fleming, J. B., Aurora.
Fischer, J. G., Alma.
Fulton, A. L., Kansas City.
Froehling, F. W., Kansas City.
Farrington, O. P., Moundville.
Farrington, F. B., Green Top.
Forgrave, H. B., St. Joseph.
Forgrave, J. R., St. Joseph.
Ferguson, A. D., Auxvasse.
Furnish, J. A., Paris.
Franklin, J. A., Cameron.
Frick, W. J., Kansas City.
Forster, Davis, St. Louis.
Graves, W. W., St. Louis.
Griffith, J. D., Kansas City.
Goins, G. W., Breckenridge.
Goodwin, E. J., St. Louis.
Goodier, R. H., Hannibal.
Gebhart, O. C., St. Joseph.
Green, John, Jr., St. Louis.
Gaines, J. W., Kansas City.
Gibbins, W. N., Clinton.
Grindon, Joseph, St. Louis.
Grim, E. C., Kirksville.
Hoefer, A. E., Higginsville.
Herndon, A. S., Camden Point.
Hopkins, T. A., St. Louis.
Hampton, J. R., Clinton (R. F. D.).
Harrison, J. F., Farmington.
Holliday, J. W., Tarkio.
Hamel, A. H., St. Louis.
Haire, R. D., Clinton.
Henson, L., Galina.
Hough, C. P., Jefferson City.
Howard, F. A., Slater.
Hagler, M. C., Monett.
Hall, G. C., Lees Summit.
Hill, Howard, Kansas City.
Highfill, M., Marshfield.
Hornback, E. F., Hannibal.
Hutton, W. S., Fornfelt.
Harris, J. A., Mt. Vernon.
Hume, E. L., Bourbon.
Hale, J. M., Dearborn.
Hays, B. W., Jackson.
Hypes, B. M., St. Louis.
Hill, J. A., Jefferson City.
Hall, C. Lester, Kansas City.
Hall, John R., Napton.
Hall, John R., Marshall.
Hiller, F. B., Kahoka.
Hamlin, C. W., Bass.
Inglish, J. E., California.
Jenson, N. N., Florissant.
Jackson, C. M., Columbia.
Jackson, Jabez N., Kansas City.
Jones, V., Cameron.
Klien, W. A., Higginsville.
Kampschmidt, A. W., Columbia.
Kirkpatrick, H. E., Dalton.
Kelly, S. G., Sedalia.
Kennedy, W. U., St. Louis.
Kieffer, A. R., St. Louis.
Knox, A. C., Kansas City.
Kouns, D. H., Tuscumbia.
Kuhn, W. F., St. Joseph.
Klokke, W. Emil, St. Louis.
Lester, Charles H., Kansas City.
Lutz, F. J., St. Louis.
Lyle, A. E., Butler.
Langsdale, J. M., Kansas City.
Love, J. G., Nevada.

Lemen, J. R., St. Louis.
Lyle, Halsey M., Kansas City.
Liston, E. H., Balm.
Latham, L. L., Latham.
Latham, H. W., Latham.
Leighton, W. E., St. Louis.
Leach, H. T., Elston.
Lindley, W. T., Hamilton.
Lane, J. W., Linneus.
Lemon, G. B., Springfield.
Leonard, P. I., St. Joseph.
Loeb, Clarence, St. Louis.
Lindley, E. R., Stanberry.
Lichtenberg, J. A., Kansas City.
Lockwood, T. F., Butler.
McAlester, A. W., Columbia.
McAlester, A. W., Jr., Kansas City.
McNees, A. J., Clinton.
Minton, W. H., St. Joseph.
Marchildon, J. W., St. Louis.
McConnell, S., St. Louis.
Myer, J. S., St. Louis.
Moeninghoff, Fritz, Kansas City.
McGuire, M. S., Arrow Rock.
Meisenback, A. H., St. Louis.
Moore, J. G., Mexico.
Mitchell, W. F., Lancaster.
Monroe, A. E., Otterville.
Miller, W. McU., Columbia.
Marsh, J. W., Tipton.
Marsh, H. S., Tipton.
Murphy, Franklin E., Kansas City.
Moore, Geo. M., Linn Creek.
Moore, J. G., Mexico.
Moore, W. G., St. Louis.
McDonald, H. A., Jefferson City.
Morrow, W. F., Kansas City.
Morris, C. C., St. Louis.
Miller, E. H., Liberty.
McConkey, C. M., Lathrop.
McComas, A. R., Sturgeon.
McCall, H. B., Kansas City.
Moss, Woodson, Columbia.
Murray, S. A., Holden.
Mills, Sherman, Macks Creek.
Meisch, A., Manchester.
Miller, A. B., Macon.
Myers, Max W., St. Louis.
Nowlin, David, Montgomery City.
Nifong, Wm., Fredericktown.
Nietert, H. L., St. Louis.
Norwine, J. J., Poplar Bluff.
Newberry, F. R., Fredericktown.
Nicholson, C. M., St. Louis.
Newlon, J. S., Butler.
Norman, J. B., California.
Norris, E. J., St. Louis.
Noyes, Guy L., Columbia.
Norberg, G. B., Kansas City.
Nifong, Frank G., Columbia.
Neff, Robert L., Joplin.
Overholser, M. P., Harrisonville.
Parrish, J. S., Memphis.
Pitts, Barton, St. Joseph.
Pressnell, C. C., Charleston.
Parker, C. W., St. Louis.
Pearse, H. E., Kansas City.
Payne, H. C., Paris.
Pints, W. A., St. James.
Pitman, John, Kirkwood.
Porth, J. P., Jefferson City.
Porter, F. E., St. Joseph.
Porter, Wm., St. Louis.
Peters, M. L., Cameron.
Pifer, J. D., Joplin.
Pipkin, W. D., Excello.
Patterson, W. R., Tipton.
Punton, John, Kansas City.
Parman, D. R., St. Louis.
Pfingsten, C. F., St. Louis.
Porter, D. R., Kansas City.
Rassieur, Louis, St. Louis.
Reeves, Geo. W., Japan.
Rudd, W. E., Salem.
Reder, F., St. Louis.
Ryland, C. T., Lexington.
Rhodes, E. L., Lincoln.
Rowland, W. P., Bevier.
Rumbold, F. M., St. Louis.
Robinson, E. F., Kansas City.
Robinson, J. F., Nevada.
Robinson, J. L., Kansas City.
Redman, Spence, Platte City.
Schudde, O. N., Sullivan.
Suddarth, C. H., Smithville.
Statler, W. K., Oakridge.
Schorer, E. H., Columbia.
Smith, M. S., Gallatin.
Spurgeon, M. E., Red Bird.
Smith, J. R., Warsaw.
Snyder, A. R., Joplin.
Shobe, H. G., Paris.
Saunders, L. E., Stewartsville.
Shelton, J. C., Chillicothe.
Stevens, B. N., Chillicothe.
Summers, J. S., Jefferson City.
Schwald, W. A., Cole Camp.
Skinner, E. H., Kansas City.
Stevens, W. W., Kansas City.
Schutz, W. H., Kansas City.
Sanders, C. A., Marble Hill.
Seba, John D., Bland.
Schrieman, F., Concordia.
Scholz, Roy P., St. Louis.
Shelton, M. C., Joplin.
Shy, D. E., Knobnoster.
Sloan, R. T., Kansas City.
Savage, H. G., Warsaw.
Sand, M. L., Warsaw.
Senseny, Eugene, St. Louis.
Simon, F. C., St. Louis.
Shankland, Wm., Clinton.
Schauffler, E. W., Kansas City.
Sampson, J. H., St. Joseph.
Seelig, M. G., St. Louis.
Spencer, Selden, St. Louis.
Strode, R. C., Mexico.
Son, E. R., Osage City.
Thompson, J. H., Kansas City.
Traubitz, A., Neelysville.
Tainter, F. J., St. Charles.
Townsend, J. A., Unionville.
Todd, L. A., St. Joseph.
Thornton, J. E., Columbia.
Thrailkill, E. H., Kansas City.
Tout, B. B., Archie.
Thorpe, J. L., Jefferson City.
Twyman, G. T., Independence.

Thorpe, A. V., Jamestown.
Tupper, Paul Y., St. Louis.
Timberman, J. K., Marston.
Taylor, Herbert, New Bloomfield.
Titsworth, Guy, Sedalia.
Temple, C. H., Glasgow.
Tiffany, Flavel B., Kansas City.
Tidwell, G. W., DeSoto.
Unsell, J. R., Louisiana.
Vinyard, G. W., Jackson.
Wood, N. P., Independence.
West, W. W., Monett.
Wallace, C. H., St. Joseph.
Waterman, J. A., Jefferson City.
Williams, V. O., Nevada.
Wentker, B. P., St. Charles.
Wright, U. S., Fayette.
Wood, J. T., Harrisburg.
White, W. L., Chillicothe.
Wood, E. A., Sedalia.
Witmar, C. M., Marble Hill.
Woodson, C. R., St. Joseph.
Williams, D. B., Osceola.
Whipple, N. L., Butler.
Wilson, G., Nevada.
Woods, R. J., Smithville.
Wever, J. S., Kansas City.
Wallis, J. R., Clinton.
Wingo; T. B., Fulton.
Wilson, G. S., Fortuna.
Wallace, J. S., Brunswick.
Williams, P. E., Fulton.
Williamson, W. H., Mokane.
Wolf, I. J., Kansas City.
Welch, J. Franklin, Salisbury.
Wood, A. M., Lentner.
Watts, C. W., Fayette.
Yancey, E. F., Sedalia.

REPORT ON COMMITTEE ON SCIENTIFIC WORK.

Your committee reports that an effort has been made to extend to all members of the state the privilege of contributing papers in the several Sections of the Association. Letters were sent during the winter to the secretaries of the various county societies requesting the names of those members desirous of, or willing to contribute papers. To those members letters were sent requesting such contributions. As a result thirty-four papers have been secured for the Medical Section; twenty-eight for the Eye, Ear, Nose and Throat Sections; fifty-three for the Surgical Section and ten for the Society Secretaries' meeting—a total of one hundred and twenty-five papers.

The expenses have been as follows:

Printing program, envelopes, stamps, etc.....	$113.39
Postage on Eye, Ear, Nose and Throat Section	11.00
Postage on Medical Section.....	11.55
Postage on Surgical Section.....	13.50
	$149.44
Credit account Missouri Pacific Railway Co. (for including time table).....	7.00
Total	$142.44

The cost of the program has been somewhat greater than heretofore, because it contains four pages more of printed matter. This has been necessary because of the greater length of the program, and also because it presents announcement of the coming meeting of the American Medical Association.

Your committee extends its thanks to Dr. E. J. Goodwin for his valuable assistance in the preparation of the program.

Respectfully submitted,

E. E. Gilmore,
W. R. Patterson,
T. McLemore,
P. Y. Tupper,
Willard Bartlett,
J. H. Thompson,
Committee on Scientific Work.

REPORT OF PUBLICATION COMMITTEE.

As in previous years, your committee has examined the advertising copy furnished by all advertisers previous to its appearance in the JOURNAL, and has endeavored to confine the statements concerning the therapeutic value of articles so advertised to reasonable grounds. In a number of instances alterations in the wording of the advertisements have been suggested by the committee and accepted by the advertisers.

The twelve issues of the JOURNAL, from June, 1908, to May, 1909, inclusive, contain 875 pages of reading matter, an average of 73 pages in each issue. This is made up of the following matter: Eighty-three original articles, 55 of which were the papers read at the last annual meeting, and 28 papers read at county and district society meetings; 50 editorials; 105 reports of county society proceedings; the roster of membership; book reviews, and miscellaneous matter, such as editorial notes, news items, changes of address of members, lists of officers of the State Association and all the county societies, and the index for Volume IV.

The cost of publishing the JOURNAL is as follows: June, 1908, $254.10; July, 1908, $109.30; August, 1908, $118.90; September, 1908, $116.05; October, 1908, $124.05; November, 1908, $152,15; December, 1908, $157,10; January, 1909, $159.40; February, 1909, $138.85; March, 1909, $124.00; April, 1909, $136.25; May, 1909, about $135.00.

Sample copies of the JOURNAL were mailed to eligible non-members several times during the year, for the purpose of assisting county secretaries in their efforts to induce desirable physicians to join the local societies.

Your committee has one suggestion to make in connection with the publication of the JOURNAL, which, if adopted, will in future assist in preserving the likenesses of the presidents of the Association, a collection of which, hitherto overlooked, should be part of the records of the Association, to be preserved by the secretary. We understand that the secretary is now trying to collect the portraits of all former presidents of the Association, and the plan which we submit will keep such a collection intact. We suggest, therefore, that in future the editor of the JOURNAL be authorized to secure a photograph of each new president and that he publish as a supplement to the issue containing the annual transactions, a half-tone reproduction of the portrait and insert in each copy of that issue one copy of the portrait of the president; that the portrait be printed on extra heavy paper of good quality, suitable for framing; that under the portrait there be printed the name of the president in full and the statement that he was president of the Missouri State Medical Association during the year for which he was elected to serve; that the additional expense incurred in publishing the portrait of the president shall be borne by the Association.

WALTER B. DORSETT, Chairman;
M. B. CLOPTON,
M. C. SHELTON.

REPORT OF THE DEFENSE COMMITTEE.

The Defense Committee, which was appointed last year under a resolution of the Association, begs leave to make the following report:

There have been brought to the attention of your committee seven malpractice suits, either threatened or instituted. One of these, against

a member of the St. Louis Medical Society, was tried and defeated. The others are still pending. In one instance your committee did not feel justified in extending the aid of the Association to a member, because the lawsuit had been instituted against him before he joined his county society or the State Medical Association.

Your committee is pleased to report that it has not been necessary to draw upon the funds set aside for the purposes of this committee during the past year, except for postage. We were so fortunate as to secure the gratuitous legal services of Mr. Morton Jourdan for such advice as was necessary to carry on the correspondence and advice of the committee to our members. By this action Mr. Jourdan has again placed the medical profession of this State under many obligations to him, for which the committee desires to return its sincere acknowledgments.

From our experience in dealing with cases of malpractice during the past year your committee is convinced that the temporary arrangements made last year should become permanent for this Association, with such reasonable restrictions as are necessary in view of the limited resources at the disposal of the Association. Last year $500.00 were set aside for the purposes of this committee; this sum should not be returned into the treasury, where it would go at the expiration of the year, but should be set aside as a permanent fund, to which might be added at this meeting an additional sum, thus beginning a permanent defense fund. Out of this fund could be defrayed the necessary expenses of defending members, provided careful scrutiny were made of cases brought against members before the Association obligated itself to defend them.

In the nature of things the defense committee should be familiar with all the facts in the case before it is in a position to give advice of any kind, and the defense committee must be given ample authority to insist upon a presentation of all the facts on the part of the practitioner as soon as suit is threatened. This procedure the committee has endeavored to follow during the past year and its purposes have apparently not been understood by some of the members. In its general consideration of cases, the committee has been governed by the amendments to the by-laws proposed by Dr. C. E. Fulton, of Springfield, at the last meeting of the Association and published in the June number of the JOURNAL, on page 759. We recommend that these by-laws be adopted by the Association.

The committee also reports, with great pleasure, the *esprit de corps* of the organized medical profession. In all instances where the committee has called upon councilors and officers of county societies for aid in defending suits of malpractice, prompt and cheerful response has been made and efficient service rendered by all concerned. The committee desires officially to record its appreciation of this assistance.

Respectfully submitted,

F. J. LUTZ, Chairman;
JOSEPH GRINDON,
WALTER B. DORSETT.

REPORT OF STATE SECRETARIES ASSOCIATION.

Mr. President and Delegates of the Missouri State Medical Association:

The officers of the Missouri Society of Medical Secretaries are today bringing to you their first annual report. Something over a year ago, at the instance of the President and Secretary of the Missouri State

Medical Association, there were held two meetings of the County Secretaries, one at St. Louis and one at Kansas City. At this time the organization of the Missouri Society of Medical Secretaries was begun, and at the annual meeting in 1908 it was perfected by the election of officers and the adoption of a constitution and by-laws.

What has been done since that time to place the organization on a broader foundation, is only a matter of detail and some effort, which needs no comment at this time.

We expect this society to become stronger with each succeeding year and eventually to become the most potent factor in medical organization in Missouri.

During the past year our needs have been limited, but for the future, when we shall have done greater things, our needs will be multiplied and our demands will be larger. There are two minor recommendations to be presented for your consideration and one of vast importance which should have the careful attention of the House of Delegates.

1st. We would recommend that the Judicial Council set aside for the secretary of this society, sufficient funds to pay the expense of getting up a program for the annual meeting, and for such other expense as may be legitimately incurred in keeping up the correspondence of this office, say an appropriation of $10 to $25 per year.

2d. We would recommend that the General Secretary be instructed to procure suitable stationery for the secretary of this society when he is purchasing other stationery supplies for the Association. This can be done with little additional expense and will be money well expended.

3d. The State Secretaries Society is a permanent organization in Missouri and we need more time for our meetings. The first day of the Association is devoted to the House of Delegates and the Council. We would advise that in future the Secretaries' meeting be given the afternoon, say from 3:30 P. M., and also the evening. We need the time and this House of Delegates can ill afford not to recognize the great advantage this would be to the general association.

The evening of the second day can be devoted to the President's address and the orations. The large attendance in itself would be sufficient reason for this change. The first day's work being largely routine and devoted to business, very many of the members do not come, but they are all on hand the second day, and if for no other reason the President's address and the orations should be placed on the second day. But, by far a greater reason is to give the secretaries an opportunity for discussing the work which confronts them every day in building up this great profession into one compact organization. The business of the Missouri State Medical Association is largely transacted by the county secretary. To him you look for the solution of every local problem. He is the mentor of local affairs; from him you expect accurate, exact and prompt action. Delay is unpardonable. By him you measure the professional atmosphere of every county. Through him you know the standing of every doctor in Missouri to-day. He is the pulse of the Association and sphygmographic reports from his office mark the rise or decadence of medical organization. It is due this progressive body of men that they be given sufficient time to discuss your interests. They need uniformity in method, which can be gained only by concerted action and a general understanding of one another's work. They need the inspiration which comes from the exchange of ideas. They need harmony in action which comes only from the intermingling of thought and experience. They need to follow the best systematized plans which are the result of a united effort.

The state secretaries are now making this effort and we request this House of Delegates to see to it that they have sufficient time to work out and systematize the very best methods which will culminate in the general up-building of the organization and redound to the credit of the Missouri State Medical Association. Two or three hours are insufficient time to discuss the many questions which are of vital importance. Give us the evening of the first day next year and then come and help us. We devote too little time to business; are too lax in methods and frequently meet each other trying to accomplish the same ends with diametrically opposed forces, which not only renders inert our efforts, but adds another stigma to the name of our profession.

Let us stop drifting and become methodical. Let us stop guessing and become exact. Give the men whom you expect to perform the business of your county organization an opportunity to discuss the business of that organization together, and they will be better prepared to perform their duties and to give you the service you expect.

Gentlemen, the State Society of Medical Secretaries is destined to become the greatest auxillary to the Missouri State Medical Association and the sooner we recognize this fact, and start them along lines of a united effort, the sooner will the great purposes of our great organization be attained.

Respectfully submitted,

F. W. Burke, Chairman.

SECRETARY'S REPORT.

To the President and House of Delegates of the Missouri State Medical Association:

I have the honor to submit the following report: The past year has been the most prosperous and one of the most important in the history of this Association. Our membership is greater than ever before. In 1905 our membership was 1,602, in 1906 it was about 2,000, in 1907 it was nearly 2,500, and at the close of our fiscal year, December 31st, 1908, our membership was 2,664. To-day, including our delinquents, it is 2,851, of which 2,404 have paid their 1909 dues. When this is compared with the membership of this Association ten years ago, at which time the membership was 191, the growth is astounding. During the past year thirteen of our members have died, seventeen have moved from the State and three have been suspended from membership, one of these having left the State. About one hundred and fifty new members have been received into the Association and fifty have joined the American Medical Association since our last meeting. Biographical data for about 500 members has been completed. Nearly 700 cards have been added to the biographical index. Biographical data for many of our members is still missing.

None of our component societies has dropped out of the organization. Dunklin County, with twelve members, and Pemiscot County, with nine members, have been reorganized by Dr. T. C. Allen, Councilor 23d District; Montgomery County, with eleven members, has been organized by Dr. A. R. McComas, Councilor 9th District.

The first of the year each secretary was sent a list of his members, and again on April 1st they were sent a list of their delinquents. At the same time a copy of these lists were sent the councilors. On the first

of May we filled out blanks for all the counties and forwarded them to the councilors so that they might make a full and complete report for every county in the State, and be informed of the exact condition of the counties and the relation of each individual member to the State Association. These reports are so made that they can be placed in the files for permanent record.

As we had no place to file records, letters, journals, etc., belonging to the Association, we have purchased a desk and a large letter file. Ordinary office supplies have from time to time been purchased, receipts for which are filed with the treasurer.

So far as the mechanical part of the organization is concerned it is about perfected. The above figures give some idea of it. Some time ago the secretaries were written for a list of the eligible physicians in their counties; the replies so far received give the names of about three hundrd physicians. Six of our secretaries have reported that they have every eligible physician in the county a member of the society, and a united effort on part of the others to bring into our ranks all eligible physicians would practically complete our organization, so far as numbers are concerned, and would strengthen the ranks of the counties and State Association to such an extent as to allow them hereafter to devote their entire energies to getting the best results and benefits of the organization; the benefits of a post-graduate school; the establishment of friendly relation and good fellowship among the members. In other words, our energies could be devoted to building live, active, studious, respect-compelling medical societies, and we could bring to an end those bitter and disgraceful fights among medical men which have been a lasting disgrace to our profession and have brought us into ridicule in the public mind and the public press.

Dr. J. N. McCormack has been traveling over this State on such a mission, and in every place he has been met with a hearty and cordial response both from the public and the profession. He has been teaching the people that our societies are educational centers; that it is the public who is profiting by the work done by them and the knowledge disseminated by them, and that the medical man who does not belong to his medical society is by that much a loser and less well equipped physician. The people appreciate his talks, the public press is with us, and I only need refer you to the articles appearing in the Kansas City *Star,* the Maryville paper, the Hannibal paper and the papers of other cities. By the end of the month Dr. McCormack will have visited the following places: St. Joseph, Maryville, Gallatin, Kirksville, Chillicothe, Hannibal, Moberly, Sedalia, Liberty, Kansas City, Warrensburg, Jefferson City, Higginsville, Harrisonville, Clinton, Nevada, Joplin, Aurora, Springfield, Lebanon, St. Charles and St. Louis. He has promised us two weeks next fall, during which time he will visit other counties.

To return again to the mechanical organization of the Association, I beg to urge that steps be taken to affiliate the State Board of Health with this organization after the plan in effect in Kentucky. The secretary of this Association should be the secretary of the State Board of Health, the members of which should be nominated by this Association. The far-reaching effect of such a move is self-evident. I will be glad to resign from the secretaryship of this Association in order that this may be carried out, as I regard it as a most important object to be accomplished in the next few years.

The correspondence in the office has been exceedingly heavy as the postage bills show. This was made necessary on account of the work un-

dertaken for the legislative committee. County societies and auxiliary committeemen were kept in constant touch with the stages in our legislative work. In many cases each physician in a district received personal letters and copies of pending bills. The report of the committee on public policy and legislation speaks for itself and for the effectiveness of the organization. I would recommend, in the light of our past experience, that a Bureau of Legislation be established in the office of the secretary, where records can be kept in proper form and from which an active propaganda can at any time be instituted. We should depend upon active and effective work on the part of our component societies rather than place the heavy burden upon the shoulders of a few. In each instance where the county society was alive to this work, the representative in the legislature, from that county, was correspondingly awake. With such an arrangement the work of your committee can be made most effective. When an intelligent layman actually understands what we are trying to do, he is perfectly willing to coöperate with us. This is the proper work of our component organizations.

The Missouri Society of Medical Secretaries holds its second annual meeting this afternoon. This is the most important auxiliary the Association has, for the State Association is what these men make it. The local society looks to its secretary for the enterprise and labor necessary to keep it in touch, not only with the State and the American Medical Association, but to keep it actively and progressively working. As is the secretary, so is the county society. I want to congratulate the Association on the efficiency and loyalty of these men. It has been a pleasure indeed to work with them. This society is going to make still better secretaries of them, and consequently still better county organizations. Credit for the excellent program of the secretaries organization is due Dr. Foster W. Burke, president, and Dr. Chas. W. Fassett, secretary. Every member present should hear the papers presented at their meeting. Ohio, Pennsylvania and Missouri are pioneers in the organization of their secretaries and the good it is doing is evidenced by the organization at the American Medical Association last year of the national association of state secretaries and editors, and the organization of similar societies in other states. This society should be fostered and encouraged by this body.

There has been some demand on part of our members for a permanent badge. I would recommend that we adopt one. Several designs are on exhibition at the registrar's desk. Badges can be supplied members, in permanent gold and enamel, for one dollar each. It seems to me we had better invest in a first-class permanent badge rather than spend forty or fifty dollars each year for celluloid substitutes. With these badges, purchased by those who desire them, the Association could give a simple ribbon with the date of the annual meeting printed thereon in place of the badges given now, and with about half the expense.

Another recommendation I would like to make to the House is that the exhibits be placed under the control of the editor of the JOURNAL, and that no proprietaries, unless approved by the Council of Pharmacy of the American Medical Association, be allowed to exhibit.

If the reports of the committees could be turned in a few weeks prior to the annual meeting, they could, with scarcely any trouble, be placed in print and distributed to the delegates. The delegates would have ample time to digest them and form mature opinions and plan for the best for the Association. This year we made an effort to obtain these reports without success. I recommend that the House instruct its committees to file their reports with the secretary at least four weeks

prior to the meeting and the secretary be instructed to forward same to the delegates. This will greatly facilitate our work and allow ample time for the meeting of the secretaries and council. Last year the members of the council were deprived of attending any of the scientific sessions on account of the time consumed in the House reading reports.

Respectfully submitted,

A. W. McALESTER, JR.

May 18, 1909.

REPORT OF THE COMMITTEE ON PUBLIC POLICY AND LEGISLATION.

The committee begs to report as follows: There were five duties enjoined upon this committee at the meeting of this Association in 1908, as follows:

First. The necessity of added power to the State board, so that the attendance of witnesses and the production of documents may be enforced.

Second. The amendment of the ambiguous appeal provision.

Third. The prevention of corporations from practicing medicine.

Fourth. To limit the time in which damage suits against doctors may be filed.

Fifth. The amendment of the present law defining prior registration.

All of these questions were to be submitted to the attorney employed by the committee to consider the best legal manner in which the above points should be included. There was no money appropriated to employ such attorney, and the committee wishes to express its sense of obligation to those members of the Bar Association who have aided us free of charge, viz.: Messrs. Frank Walsh and E. L. Morrison, of Kansas City; Messrs. I. V. Barth and Morton Jourdon, of St. Louis, and Mr. Silver, of Jefferson City.

There were several other matters presented to the committee for consideration during the year; for instance, the communication from Dr. Madry, of the Southwest Missouri Medical Association, demanding three laws as follows:

Sixth. More stringent laws for the collection of bills of physicians.

Seventh. Laws empowering physicians to collect from the county courts fees for attendance upon paupers.

Eighth. A new law for the punishment of physicians committing abortion.

Ninth. The National Association recommended a bill for the collection of vital and mortuary statistics and furnished a copy of a model bill.

Tenth. The dentists of the State presented a bill through their State committee for prevention of corporations practicing dentistry.

Eleventh. The nurses association presented a bill for the proper registration of trained nurses.

Twelfth. The State Board of Health asked the committee to secure the passage of another amendment to the practice act, viz: A repeal of the twenty day clause. At present a physician is allowed twenty days to practice in a new location before filing his license, and also may open an office in other counties than the one in which he may reside. A bill

was asked making it necessary for a physician to record his license in a county at the county seat before opening an office or engaging in practice in any county.

Thirteenth. A permanent secretary for the State Board of Health was asked and a secretary who should not be a member of the board of health.

In considering these bills the committee has made a new departure by meeting in joint session with the State Board of Health, who must present these bills to the legislature and recommend their passage, and the result is so satisfactory that we recommend its continuance. It is a great advantage to have at all times a perfect understanding between the officers of the State Association and the State Board of Health.

The work of the year has been arduous and results are as follows in each of the thirteen matters under consideration:

First. Added power to the State Board of Health was asked by the committee in Senate Bill 150 granting the board the power to subpœna witnesses and compel their attendance. It was passed under protest by the Senate, the lawyers declaring that Senator Allee could have anything he insisted upon, but that the bill was unconstitutional. In the House there were so many objections that although many hard fights were made to pass it, it had finally to be partially abandoned and merged with Senate Bill 334. The next committee must take up this matter as a part of next year's work. The three points to be solved are:

(a) Board cannot compel as it cannot be given power to punish for contempt.

(b) Witnesses must be paid if subpœnaed and there is no way of foretelling the expense that would follow.

(c) The accused's rights demand that he have somewhat similar power conferred.

Second. In this matter a bill was prepared, providing for a review of the evidence only. The present law required a new trial in the Circuit Court. The bill was numbered Senate Bill 334 and like Senate Bill 150 was much objected to in the Senate, though finally passed. It went to the Judiciary Committee in the House, where it was again amended after weeks of delay. On the floor of the House the two bills were worked over into one very satisfactory law providing for revocation of license; method of procedure of trial; forbidding the sending out of agents to secure patients; allowing attorney to appear for accused; providing for stenographic reports of trial; review of evidence only on writ of *certiorari,* and providing that the license stand revoked from the time of the board's unfavorable decision. This places the effective disciplinary power squarely in the board's hands. It must be carefully and wisely used and never prostituted to revengeful or jealous purposes or it will quickly be taken away by the legislature. They regard it as in a measure experimental.

In the long fight for recognition of this bill the committee feels its obligation to the county societies, without whose help it could not have been passed. In the work of preparation of new amendments in the House the skill and knowledge of Judge Johnson, of Nevada, and Mr. Cross, of Clinton County, were of especial value. And, in fact, without their hard work on the floor the bill could not have been passed. We desire that the profession shall appreciate what they have done for us.

Third. No law has been found possible to stop corporations from hiring doctors and furnishing medical attendance. This matter has been three years before the committee and may as well be dropped.

Fourth. The committee have not been able to frame a good act that will cover this requirement.

Fifth. All amendments to the wording of the Practice Act were in Senate Bill 332, which was met by violent opposition by Christian Science churches who considered they were thereby threatened. After mature deliberation the following compromise was agreed upon by the Scientists, the lawyers, the officers of the State Association and this committee:

"That the provisions of this chapter shall not apply to persons who merely practice the religious tenets of their church without pretending a knowledge of medicine or surgery. Provided that they shall obey all quarantine regulations and in regard to contagious and infectious diseases."

We regret to report that other unfavorable amendments were forced upon this bill as to Osteopathy, Mesmerism, etc., and that the bill was never passed. It outlines, however, the lines of future action probable by Christian Science churches and shows what their probable demands for legal recognition will be.

In regard to paragraphs six, seven and eight, from the Southwest Medical Association, the report of the secretary after our meeting in St. Louis, October 4, 1908, expresses the matter fully. Dr. Funkhouser wrote:

"The committee does not consider it opportune now to consider the introduction of bills, one to aid the profession in the collection of one class of bills, and another to reimburse the profession for one-half of its professional contributions to charity. The committee considers the law relating to criminal abortions recently passed to be ample and clear. An ex-judge of the Supreme Court of Missouri directed and supervised the framing of it, and the committee considers that time must elapse to judge the efficiency of the new law before attempting any change."

Ninth. The chairman attended the conference at Washington, D. C., and brought back the Vital Statistics Bill, which was passed in the Senate and House and becomes a law. Under its provisions every death and birth in the State is to be registered and reported and a physician's certificate of death or a coroner's order is required for burial. Also the central office of the registration bureau is established at the State Capitol and the secretary of the State Board of Health becomes the chief statistician. Subordinate registrars are provided for each community. By this means a correct record can be made of deaths from disease in all parts of the State, which should prove of the greatest benefit in arriving at correct conclusions in all public health matters.

Tenth. The committee feels that this is covered in item third.

Eleventh. The nurses bill has been passed, thus placing Missouri again in the front rank of states. All graduate nurses may be registered but no bar is to be placed against unregistered nurses nursing the sick.

Twelfth. The twenty-day clause was passed and becomes a law.

Thirteenth. The office of secretary of the State Board of Health is now to be filled by the election of a permanent secretary not a member of the board of health. Hereafter the secretary can always be found

at his office in Jefferson City and the records of the office are to be preserved in fire-proof vaults at the Capitol.

Five bills were passed and became laws, with this committee's help, and the assistance of the County Societies:

1. Vital Statistics Bill (new bill).
2. Revocation of license (amendment).
3. Permanent Secretary (new bill).
4. Repeal of twenty-day clause (amendment).
5. Registration of nurses (new bill).

Twenty bills were killed by active opposition, most of them in committee. In this connection I wish to call attention to the loyal work of Dr. Allee in the Senate, and Dr. Porth in the House, who, from their important positions on committee, were ever watchful for the profession. The following bills, sixteen in number, died at the hands of Dr. Porth's committee alone, as follows:

House Bills No. 23, No. 29, No. 161, No. 178, No. 336, No. 443, No. 470, No. 587, No. 411, No. 770, No. 661, No. 732, No. 599, No. 1126, No. 949 and No. 1118.

No adverse legislation has been placed upon the statute books.

HERMAN E. PEARSE, M. D., Chairman;
R. M. FUNKHOUSER,
F. R. NEWBERRY.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION.

In presenting its report, your Committee on Medical Education desires to impress upon this Association—individually and collectively—the readily proven fact that the chief function of all our medical societies and associations has been, and is, the securing and adoption of a satisfactory standard of medical education. In the original call of the Medical Society of the State of New York, which led to the formation, more than sixty years ago, of the great American Medical Association, appear the following preamble and resolutions:

> "WHEREAS, It is believed that a national convention would be conducive to the elevation of the standard of medical education in the United States; and
>
> "WHEREAS, There is no mode of accomplishing so desirable an object without concert of action on the part of the medical societies, colleges and institutions of all the states, therefore be it
>
> "RESOLVED, That the New York State Medical Society earnestly recommends a national convention of delegates from medical societies and colleges in the whole Union to convene in the City of New York on the first Monday in May, 1846, for the purpose of adopting some concerted action on the subject set forth in the foregoing preamble."

These delegates met and adopted the following resolutions, which resulted in the formation of the American Medical Association:

> 1st. That it is expedient for the medical profession of the United States to institute a National Medical Association.
>
> 2d. That it is desirable that a uniform and elevated standard of requirements for the degree of M. D. should be adopted by all the medical schools in the United States.

3d. That it is desirable that young men, before being received as students of medicine, should have acquired a suitable preliminary education.

We see, then, that the American Medical Association was founded with medical education and its advancement as its paramount issue. Through more than half a century did the original association struggle with this question with but feeble success. It remained for the reorganized American Medical Association to take hold of the subject, and by method and energetic action accomplish most gratifying results.

At the annual meeting in 1904, the American Medical Association adopted a by-law authorizing the appointment of a permanent Council on Medical Education and outlining its duties. Permanent offices were given this Council in the Association building in Chicago, and a liberal allowance voted for carrying on its work. This Council has been in existence five years and has accomplished "wonders."

Besides special meetings, it holds an annual conference in Chicago to which are invited delegates from each state (appointed by the state governor), delegates from state medical associations, from state examining boards, from the government service, from college and medical associations and from medical and liberal arts colleges.

At these annual meetings, papers upon medical education and collateral subjects are read and discussed by leading educators of the country and the various delegates present. From the knowledge gleaned in this way, and from many other sources, this medical council makes its annual report to the American Medical Association. Four of these reports are now before your committee, and contain so much of interest and importance to the medical profession, as well as to the public at large, that their perusal and study is urgently recommended to every individual member of this Association.

These reports are veritable bureaus of information on medical education, state laws, and the work and standing of the 161 medical colleges of the United States.

With the fear of being wearisome, but with a profound sense of the importance to our State Association and its members, of the subject matter contained, your committee desires to call attention to some features of these reports.

At the 1905 meeting of the American Medical Association the council on medical education reported the following minimum requirements as prerequisites to the practice of medicine:

1st. Preliminary requirements to be an accredited high school education, or its equivalent, such as would admit the student to one of our recognized universities.

2d. Preliminary requirements to be passed on by a state official, such as the superintendent of public instruction, and not by an official of the medical college.

3d. A medical education in a medical college having four years of not less than 30 weeks each year of 30 hours a week of actual work.

4th. Graduation from an approved medical college required to entitle the candidate to an examination before a state examining board.

5th. The passing of a satisfactory examination before a state examining board.

The council also recommended that, in addition to the above minimum requirements, as soon as practicable, another year be added, devoted

to the study of physics, chemistry, biology and one or two modern languages. This additional year's studies to be taken in a medical college or a college of liberal arts. The report of the council for last year (1908) states that a large majority of the acceptable medical colleges of the United States have adopted this additional year's preliminary work to become effective in 1910, which gives them a curriculum equal to that of the medical schools of Germany—and other European countries.

At this same meeting, upon the recommendation of the Council on Medical Education, the American Medical Association adopted as the "ideal standard," to be aimed at for the degree of doctor of medicine, the following:

(A) A preliminary education sufficient to enable the candidate to enter one of our recognized universities.

(B) A five-year medical course, the first year of which should be devoted to physics, chemistry, biology and one or two modern languages.

Of the four years in pure medical work, the first two should be spent in laboratories of anatomy, physiology, pathology, pharmacology, etc., and the last two in close contact with patients in dispensaries and hospitals in the study of medicine, surgery, obstetrics and the specialties.

(C) A sixth year as an interne in a hospital or dispensary should then complete the medical course.

The above is the general scheme adopted by the American Medical Association for acquiring the degree of doctor of medicine. As the American Medical Association has no legal power to enforce a standard of medical education, the scheme comes to us endorsed with its acceptance and recommendation. It now rests upon the medical profession, through their state and county societies and state examining boards, to see that the necessary state laws are enacted to carry these recommendations into effect. Thanks to our committee on legislation and medical education, and especially to the energetic and efficient work of our State Board of Health, the forty-fourth general assembly of the State of Missouri enacted laws requiring all applicants for license to practice medicine in this state to furnish satisfactory evidence of an accredited high school education, a diploma from a reputable medical college and to pass a satisfactory examination before the State Board of Health. It provides also for reciprocity, and gives the board authority to inspect medical colleges, and to refuse recognition to disreputable schools. From the board's report of 1908 we learn that of the twelve medical schools of the State, they found but two or three that were fully equipped to teach modern medicine, as set forth in their minimum requirements, "but upon notice of their deficiencies, they all met the board's requirements." It is also gratifying to know that at least three of our State medical schools, along with over fifty others in the United States, will, after 1910, require an additional year devoted to the study of physics, chemistry, biology and one or two modern languages, *i. e.*, a five-year medical course, for graduation.

The second annual report of the Council on Medical Education was devoted to an investigation of the standing of the medical colleges of the United States, as shown by the percentage of successes and failures of their graduates before state examining boards.

Speaking of the large per cent. of failures of the graduates of certain schools, the president of the council says: "It is evident from a

study of the medical schools in this country, and their work, that there are five specially rotten spots which are responsible for most of the bad medical instruction. They are Illinois, Missouri, Maryland, Kentucky and Tennessee." The president further says: "That the principal cause for this bad work is found in the existence of medical schools which are conducted for profit, and profit is only possible where the college fails to provide proper facilities for laboratory and clinical training."

We know that there are many most excellent physicians connected with some of these schools in our State, and hope that the publicity of the results of the examining boards will spur them up to remedy the evil. This may be accomplished by merging the schools together, as has been done in several states during the past year—viz., Kentucky, Ohio, Iowa and California, by securing university connections and by endowments.

During the past two years, in addition to continued work on the lines of college curricula and standing, the medical council has devoted its efforts more especially to personal inspection of all the medical colleges in the United States. As a result they reported that of the 161 schools examined, 83 (50%) were found to be of an acceptable grade and 32 (20%) were regarded as worthless, leaving 47 (30%) which, with improvements, would fall into the acceptable class. These findings were reported to all state boards, with the suggestion that they make personal inspection of every school within the state and refuse recognition to those which are deficient in equipment and without qualified instructors to teach scientific medicine. As stated in a former paragraph, the Missouri State Board is legally authorized to carry out this inspection in this state, so that working in conjunction with the Council on Education of the American Medical Association, which personally inspects and reports upon all the medical schools of the United States, the unsatisfactory schools are readily "spotted."

Except in a few states, any body of men, by paying a stated fee, can incorporate as a college or university and grant all kinds of degrees. Besides the three or four legally recognized schools of medicine, a recent writer mentions thirty or more nondescript fads in a long procession, demanding legal recognition and representation on examining boards. Representatives of these fads are constantly knocking at the doors of our legislatures for special privileges, which are too often granted, and thus untrained pseudo-doctors are legally admitted to practice upon a gullible and unsuspecting public. The only successful defense against this sort of practice is, as has been done in a few states, to fix a high educational standard such as is demanded for a regular physician, to which all who wish to secure a license to practice medicine must comply. In this simple way has the osteopath and many other "pathies" been prevented from practicing in Massachusetts, which state does not even require a diploma for the practice of medicine.

The outlook for an improved medical education and a higher standard for the practice of medicine is brightening. The advances made during the past year were epitomized by the Secretary of the Council on Medical Education, at its recent April meeting at Chicago, as follows:

(a) Several state legislatures have made large appropriations for the opening of good high schools, and several organizations are actively working for the standardization of our secondary schools, colleges and universities.

(b) Twenty-nine medical schools by 1910 will be requiring two or more years for liberal arts college work for admission.

(c) At least fifty medical schools by 1910 will be requiring one or more years of liberal arts college work for admission.

(d) Practically all of the medical schools referred to expect to require preliminary work in college on physics, chemistry and biology, and a reading knowledge of German and French.

(e) Six state medical examining boards have increased their requirements of preliminary education to one or two years of work in a college of liberal arts.

(f) Five important mergers have been completed during the year, replacing nine medical colleges by four stronger ones.

(g) Teaching medicine at night has been abandoned by three schools, and only four remain—three at Chicago and one at St. Louis.

(h) Practical examinations, in addition to written, have been inaugurated by at least two examining boards, those of Massachusetts and Ohio.

(i) One more state now requires that all applicants be graduates in medicine, leaving only five which license non-graduates.

(j) Six state boards have provided for a two-part examination, whereby applicants may take examinations in some of the subjects at the end of their sophomore year.

Based upon the contents of this report, your committee would recommend the endorsement by the Missouri State Association of the scheme for medical education adopted and recommended by the American Medical Association.

Further, that the Missouri State Association endorse the personal inspection of all medical colleges of this state and the United States, as so beneficially carried on during the past two years by our State Board of Health and by the Council on Education of American Medical Association. Only by such examination of the college equipment, of its clinical and hospital facilities, of its faculty including men especially trained to teach the fundamental branches, etc., can a medical school be graded as doing satisfactory or unsatisfactory work. There is no longer any demand for the "cross-road" doctor, and consequently no excuse for the existence of a medical college giving an unsatisfactory course in medicine. As pointedly expressed by President Faunce, of Brown University: "One physician of scientific method is worth more to a community than twenty who are guessing and groping. One physician who can assist in purifying the water supply, in discovering the cause of an epidemic, in introducing better sanitation and hygiene, in preventing rather than curing disease, is of more value than a hundred who deal only with symptoms and surfaces. We do not need more doctors, but we need more doctor."

As Missouri has the enviable record of being the second state in the Union in the number of medical colleges—eleven—and, as reported by the State Board of Health, the majority were found, upon inspection in 1908, as lacking in facilities for teaching scientific medicine, your committee recommends, wherever possible, the uniting of these colleges for better educational work.

We urge the members of the Missouri State Medical Association to encourage the movement for higher standards of medical education by advising prospective students to attend those schools which meet those standards. The statistics (which are published in the JOURNAL of the American Medical Association) showing the results of examinations of the graduates of the various medical schools before the various state

examining and licensing boards, clearly indicate the deficient training received in the low-grade schools.

From investigations by your committee it appears that the present laws of Missouri, when strictly enforced, are favorable to the minimum requirements of advanced medical education. In the near future we hope to see our State Board of Health *empowered to determine* the matter of preliminary education and medical curriculum, and not limited in this regard to statute as at present.

A fifth year, devoted to the study of chemistry, physics, biology and the modern languages, should be made compulsory.

Since medical education does not end with graduation from a medical school, but should continue throughout life, your committee would emphasize the necessity for post-graduate study. For the benefit of those who are unable frequently to visit the great clinical centers we endorse the course of post-graduate study advocated by Drs. McCormack and Blackburn, and approved at the meeting of the American Medical Association in 1907. For this purpose a post-graduate club should be formed by every county society in the state.

The present law governing the practice of midwifery is regarded by your committee as insufficient and wholly inadequate. Under its provisions, persons are granted license to practice midwifery in this state, after passing a satisfactory examination before the State Board of Health and registering with the county clerk. There is no preliminary education required; no certificate as to moral character; no diploma; no supervision of schools of midwifery; no efficient supervision of the midwife after licensure. True, she is prohibited by the statute from practicing medicine and surgery, but she may violate this law or any other law, such as committing criminal abortion, without the licensing board having the power to revoke her license. When we consider how important a branch of medicine she practices and how large a proportion of people patronize her (52% of obstetrical cases in the City of St. Louis), the necessity of more adequate laws becomes apparent.

Your committee, then, would recommend the reference of this part of the report to the Committee on Public Policy and Legislation, and through it to the State Board of Health, whose legal duty it is to recommend proper legislation on medical and sanitary matters to the state legislature.

In order to do the best work the Committee on Medical Education of this Association should be of a permanent nature, like the Council on Medical Education of the American Medical Association. Your committee would, therefore, strongly recommend that the by-laws be changed so that the members shall be elected for three years—one member retiring each year.

B. M. Hypes, Chairman;
C. M. Jackson,
O. B. Campbell.

REPORT OF COMMITTEE ON TUBERCULOSIS.

Mr. President and Gentlemen:

Your committee on tuberculosis assumes that the duty assigned them is to make a report on what is being done in our State for the prevention and cure of tuberculosis, together with such recommendations along this line as the committee may have to offer, rather than to at-

tempt a statistical report on the prevalence of the disease or a report on the therapeutics of the same.

In taking up this subject we will consider, first, what has been done officially by the State, as, for example, chiefly through its State Sanatorium for Incipient Tuberculosis at Mt. Vernon; second, what has been done in the City of St. Louis, which is a great deal and greatly to the credit of the medical profession and of the municipal government of that city; and third, what has been done in the rest of the State, which is very little and not much to the credit of anyone.

The first biennial report of the Managers of the State Sanatorium for the Treatment of Incipient Pulmonary Tuberculosis to the Forty-fifth General Assembly of the State of Missouri, dated January, 1909, sets forth, simply and eloquently, the work of establishing and conducting this institution.

The first patient was admitted August 17th, 1907. Up to the first of January, 1908, twenty patients had been admitted and six discharged. During the year 1908 one hundred and sixteen were received and sixty-one discharged, making a total, for the period of a little over sixteen months, of one hundred and thirty-five admitted and sixty-seven discharged. As appears from the detailed report of cases made by the superintendent, there have been only four deaths at the sanatorium and four cases that returned home are known to have died. This is a very good record when we realize that a considerable number of those admitted are far from being incipient cases, but are, on the contrary, pretty well advanced; and considering also that during the past year they have gone through with a mild epidemic of typhoid fever at the Sanatorium.

The superintendent, Dr. O. H. Brown, informs us that although the legitimate capacity of the two villas for patients is only twenty-four apiece, yet the institution is, at present, caring for about eighty patients. This is done by using the library-reception rooms of the villas as bed-rooms, each accommodating from six to ten beds, and otherwise crowding things. The average period during which patients remain at the sanatorium is six months, so that twice the number accommodated at any one time could be cared for during the year.

Speaking of the results of treatment, Dr. Brown, in his report, says:

> **"I believe it can with perfect fairness be said that eighty or ninety, or perhaps a hundred, of the one hundred and thirty-five cases had under treatment, are now either arrested cases, or cases well under way to arrest, and a fair per cent. of these cases give promise of developing into cured cases. Many of these were in the sanatorium only a few weeks, but they made such improvement and received such encouragement as to cause them to continue to improve, even though they found it necessary to go to their homes or elsewhere. A number of the arrested cases are still in the sanatorium, hoping and trying to develop into cured cases. Thirty-six of the seventy discharged left of their own volition, and considerably before it was thought best that they should go. In most of these cases the paramount reason for leaving had either to do with finance or was because of homesickness and discontent. In some of these instances the patients have done better at home than they did at the sanatorium,—they first, of course, had become familiar with 'the cure.' It is indeed gratifying to report that all but three or four of the thirty-six did well in spite of their premature departure."**

This is a most creditable showing, the value of which can be appreciated by none better than by the physicians of the State. Great credit is due to the Board of Managers who have so freely and generously

given their time and thought to this beneficent undertaking. Their names are: Dr. J. L. Eaton, of Bismarck, President; Hon. S. H. Minor, of Aurora, Vice-President; Hon. W. L. Gupton, of Montgomery City, Secretary; Hon. W. D. Craig, of Galena, Auditor; and Dr. Wm. Porter, of St. Louis, Medical Director.

Dr. Orville Harry Brown, Superintendent and Physician in Charge, as well as his esteemed wife, who for some time filled the place of Matron, without compensation, deserve the highest praise for the faithful and intelligent service rendered, to which, more than to any other one factor, is due the success of the institution.

The Board of Managers have applied to the Sixty-fifth General Assembly of the State for an appropriation of $364,500 for the next biennium, as follows:

For buildings, sewer system, heating, laundry, etc.	$297,500.00
Salaries	17,000.00
Maintenance (two years)	50,000.00
Total	$364,500.00

This seems, at the first glance, quite a large sum, but it is nothing as compared to the good to be accomplished and the money to be saved to the State in the health and the working power of its population; and it is the earnest hope of your committee that before this report is read, the appropriation asked for will have been granted.

What this State needs, in order to make a respectable showing among its sister States, is not only the Sanatorium for Incipient Tuberculosis at Mt. Vernon increased to fourfold its present capacity, but municipal sanatoria and hospitals, respectively for the incipient and advanced cases, for at least the five largest cities of the State, maintained by these cities alone; and not less than four State hospitals for advanced cases, suitably located, for the admission of patients from the various counties of the State, exclusive of the cities above mentioned, on the same general plan on which patients are now admitted at Mt. Vernon. It would be a question for consideration whether the price charged the various counties for the care of their patients should not be a sum sufficient fully to cover the cost of such care.

New York, Pennsylvania, and Massachusetts, each of them, maintain several sanatoria and hospitals for the care of tuberculosis in its various stages, supported by the State, besides others maintained by municipalities. Maryland is well to the front in this work; and even little Rhode Island has a large and well-equipped tuberculosis sanatorium. In the *Journal of the American Medical Association* for April 10th, 1909, we find the statement that the committee on appropriations of the Pennsylvania House of Representatives had recommended an appropriation amounting to $1,508,500.00 for the various hospitals within the State which are not, strictly speaking, State institutions, three of them being hospitals connected with private medical colleges. This recognition of the fact that even private institutions of this sort are doing the work of the State, is worthy of note, and is an example that should be followed. Western States, our own among the number, are notably deficient in the recognition of this principle, and it should be the work of this Association, as a body, and of its membership as individuals, to impress this truth upon our Executive and our legislators.

Turning now with pride and pleasure to the doings of our great metropolis, St. Louis, we find the following to report: In March, 1908,

an ordinance was passed by the Municipal Assembly of the City of St. Louis, authorizing the mayor to appoint a commission of nine persons "to investigate the prevalence of tuberculosis in St. Louis, and to report to the Municipal Assembly its findings, together with recommendations of measures for the limitations of the disease."

This Commission, with the exception of its secretary, was to serve without compensation. The sum of $2,500.00 was given them for the work. The Commission went to work in earnest to investigate and report the conditions found and to suggest means for relief. The very interesting and valuable results of their investigations are to be found in their printed report to the Municipal Assembly, dated February, 1909, which is evidently the result of an immense amount of very careful, painstaking labor. The recommendations made by the Commission were:

"*First*—For securing the re-opening of the Emergency Hospital building on the southwest corner of Fourteenth and O'Fallon Streets, with a capacity of 200 beds, as a hospital for the care of advanced cases."

"*Second*—For securing authority for the Health Commissioner to enlarge the work of the City Tuberculosis Dispensary, and for the establishment of branch clinics for the treatment of tuberculosis, and in securing authority to employ not more than nine visiting nurses to visit consumptive persons."

"*Third*—For securing the conversion of the present Smallpox and Quarantine Hospital, with a capacity of 200 beds, into a Tuberculosis Sanatorium, and in connection therewith the establishment of a hospital for tuberculous children and a farm for convalescent patients."

"*Fourth*—For securing a continuance of the Commission's work and providing for the dissemination of knowledge concerning tuberculosis and its prevalence, by the establishment of a Second Tuberculosis Commission for a period of five years, with an appropriation of $25,000.00 for the first year's work."

We regret to say that, although all of these recommendations were approved by the Municipal Assembly and were embraced in two ordinances passed by the Assembly, the ordinance embracing the first three was vetoed by the Mayor, only the fourth recommendation meeting with his approval and thus becoming the law.

No endorsement of the work of the Commission, however, could be more eloquent than the fact that the city government was moved to continue the Commission for a period of five years, and to appropriate the sum of $25,000.00 for the work of the next fiscal year. The names of these Commissioners well deserve to be recorded. They are as follows: Dr. Wm. Porter, Chairman; J. H. Lynch, Vice-Chairman; Rev. Timothy Dempsey, Edward F. Goltra, Rev. B. T. Kemerer, John F. Lee, Daniel C. Nugent, Robert J. Newton, Secretary.

Outside of St. Louis, so far as your committee can learn, but little has been accomplished. In a pamphlet entitled "What Missouri Is Doing," prepared by the Missouri Committee of the International Tuberculosis Congress, which met at Washington, D. C., in September, 1908, it was reported that branches of the Association for the Prevention and Relief of Tuberculosis had been organized in eleven counties. Since that time one or two more have been reported as organized. Your committee has addressed letters of inquiry to eleven of these counties. Six responded, saying that practically nothing had been done during the year. It is fair to draw the same conclusion with regard to those not heard from. In making this statement your committee does not wish

to appear in the light of censuring those who organized such county associations and have seemed to do nothing with them since. We recognize the fact that it is very hard to know what to attempt in country communities. Perhaps nothing better can be done than to hold one or two public meetings a year, well advertised, securing a capable speaker from abroad, if possible a stereopticon exhibit also, and so keeping up the campaign of education. The larger cities—St. Louis, Kansas City, St. Joseph, Springfield, and Sedalia—have an evident and immediate duty in the way of securing and *enforcing* legislation against spitting, the registration of cases of tuberculosis, the instruction of patients and their families in the means to be used to protect others from infection, the disinfection of habitations after a death from tuberculosis or after a person, a victim of the disease, has vacated such habitation, and the establishment of municipal tuberculosis hospitals and sanatoria. The smaller cities and towns have the same work to perform with the single exception that in their case it would be impossible to maintain the hospitals and sanatoria above mentioned. For the care of such of their patients as can be sent to a public institution, those State hospitals should be maintained which were spoken of earlier in this report.

Before passing to the modest showing to be made by Kansas City in this work, we must mention the "Tuberculosis Week" given in Jefferson City, March 8th to 12th, inclusive, under the auspices of the Missouri Association for the Relief and Control of Tuberculosis and the Cole County Anti-Tuberculosis Association. The traveling tuberculosis exhibit of the Saint Louis Association was on exhibition in the Library building for five days. Eleven meetings were held for the instruction of various portions of the community, Dr. George Homan, Dr. Wm. Porter, Dr. Frances L. Bishop, and Rev. B. T. Kemerer, of St. Louis, taking part, the whole being under the management of Mr. Robert J. Newton, the able and efficient secretary of the Association. On Thursday evening a meeting was held in the hall of the House of Representatives, on the invitation of that body, and amongst others Governor Herbert S. Hadley spoke with great effect.

It is well worthy of note that Governor Hadley has recently invited the State Board of Health to visit and inspect the State Penitentiary with the purpose of recommending such changes as may be needful to prevent, so far as possible, the development of tuberculosis, and generally to promote the good health of the inmates. This report has been made and its recommendations are to be carried out, greatly to the credit of the administration and of the State.

In Kansas City a city ordinance has been so amended as to put tuberculosis on the list of diseases which must be reported by physicians and householders to the health officer; and provision is made for the disinfection of rooms or houses in which tuberculosis patients have died, or which have been vacated by such persons. This ordinance is being complied with to a moderate degree, and undoubtedly will be more vigorously enforced hereafter. The nuisance, and menace to health, of spitting in the street cars has been largely suppressed through agitation on the subject by the daily papers and by the plan adopted of having street-car conductors hand, to any one who is seen thus to violate the ordinance, a red card informing him of his liability to arrest and punishment for such infraction of the law. A free tuberculosis dispensary service, on a small scale, is being maintained by the Post Graduate Medical College and is accomplishing good.

The Visiting Nurse Association of the city is paying special attention to the care and instruction of tuberculosis patients and their friends. With funds, partly from their own treasury and partly from that of the Provident Association, they provide suitable food for those needing it, help them to arrange for out-door sleeping, and otherwise endeavor to guide them in caring for themselves and protecting those about them. Their services are most valuable and effective.

At a special election to be held in May to vote on the issuing of bonds by the city for various purposes, one of the items approved by the committee and to be voted on is for $20,000.00 for the beginning of a tuberculosis sanatorium on ground owned by the city, about seven miles from its center. If the vote on this bond issue is in the affirmative, work will be begun as soon as funds are available. In fact, work on the clearing and grading of the site and the getting out of rock, which is found on the ground, has already been begun; so that the prospects for the final consummation of the project seem quite hopeful.

In February last, the Jackson County Society for the Prevention and Relief of Tuberculosis was fortunate enough to secure the presence in Kansas City, for two weeks, of one of the exhibits of the National Association which had been shown at various points in Kansas and Nebraska. The use of a fine room on the first floor of the Scarritt Building, most centrally located, was kindly donated by the owners. Lectures and stereopticon exhibitions were held every night; the various charitable organizations of the city and the labor unions taking turns in furnishing the program. Thousands visited the exhibit daily and the result of the enterprise was a prodigious stimulation of interest and great diffusion of knowledge on the subject under consideration.

In conclusion your committee recommends:

First—That the Missouri State Medical Association hereby cordially approves of the work of the State Sanatorium for Incipient Tuberculosis and would, through its members, urge upon our legislators the generous support of that institution.

Second—That a committee on tuberculosis, to be appointed for the ensuing year, be instructed to communicate with prominent members of the profession in the leading cities of the State, urging upon them the importance of such anti-tuberculosis regulations and provisions as are recommended in this report and exhorting them, on behalf of the Association, to take active steps towards the securing of such legislation.

Third—That the aforesaid committee be authorized to draw upon the treasurer of the Association for such funds as may be needed in carrying out these instructions.

All of which is respectfully submitted.

E. W. SCHAUFFLER, Chairman.
GEORGE HOMAN,
J. R. LEMEN,
W. E. MCKINLEY,
J. R. BOYD,
Committee.

TREASURER'S ACCOUNT WITH THE MISSOURI STATE MEDICAL ASSOCIATION, 1908-9.

CASH ACCOUNT.

DISBURSEMENTS.

1908.			
May	20.	Dr. Coffelt, traveling expenses.....$	12.00
"	20.	Dr. McKinley, traveling expenses.....	12.00
"	20.	Dr. Dallas, traveling expenses.....	5.00
"	20.	Dr. Miller, traveling expenses.....	13.05
"	20.	Dr. J. D. Brummall, traveling expenses..	12.00
"	20.	Dr. Buchanan, traveling expenses....	12.13
"	20.	Dr. Snyder, traveling expenses.....	4.50
"	20.	Dr. J. Franklin Welch, postage, express, stenog. salary.....	100.00
"	20.	Dr. Edith Strong, reporting proceedings.	40.00
"	27.	Dr. Coffelt, bal. on expense Springfield meeting.....	103.05
"	27.	Whitehead-Hogg Co., badges.....	24.30
"	27.	Hailman Printing Co., badges.....	2.25
"	30.	Dr. E. J. Goodwin, expense of Com. Sci. Work.....	122.43
June	2,	Dr. R. O. Cross.....	34.62
"	4.	Dr. A. W. McAlester, salary, June, '08.....	50.00
"	15.	J. F. Harris, P. M., K. C., envelopes, etc.	53.28
"	15.	J. M. Dunn, agent Bond Co. (treasurer's bond).....	20.00
"	23.	Peoples Bank of Salisbury, on deposit	2,000.00
"	24.	Dr. E. J. Goodwin, salary April 18 to June 18.....	200.00
"	24.	Interstate Med. Journal Co., printing May Journal.....	247.00
"	24.	Dr. G. Ettmueller, traveling expenses..	10.00
"	24.	Hailman Printing Co.	2.50
"	26.	Hailman Printing Co.	4.50
"	27.	Interstate Med. Journal Co., alterations..	11.55
July	6.	Dr. A. W. McAlester, salary July, '08.....	50.00
"	6.	Dr. Edith Strong, reporting proceedings.	.60.00
"	20.	Mo. Embossing Co..	46.00
"	20.	A. C. Ketring, reporting Surgical Section	75.00
"	20.	Interstate Med. Journal Co., printing June Journal.....	254.10
"	24.	Dr. Goodwin, salary June 18 to July 18,'08	100.00
Aug.	5.	Dr. A. W. McAlester, salary Aug., '08.....	50.00
"	8.	Interstate Med. Journal Co., printing July Journal.....	109.30
"	22.	Dr. Goodwin.....	27.34
"	22.	Dr. Goodwin, salary July 18 to Aug. 18..	100.00
Sept.	4.	Hardman, letterheads	2.70
"	4.	Dr. A. W. McAlester, salary Sept., '08.....	50.00
"	17.	Interstate Med. Journal Co., printing Aug. Journal.....	118.90
Oct.	1.	Hailman Print. Co., cards.....$	6.60
"	1.	Embossing Co.....	10.00
"	1.	Dr. A. W. McAlester, salary Sept., '08.....	50.00
"	1.	Dr. Goodwin, salary Aug. 18 to Sept. 18,'08	100.00
Nov.	7.	Dr. A. W. McAlester, salary Nov., '08.....	50.00
"	7.	Schooley St. Co.....	7.20
"	7.	Union Bank Note Co.	52.50
"	26.	Dr. Goodwin, salary Oct. 18 to Nov. 18, '08	100.00
"	26.	Interstate Med. Journal Co., printing Oct. Journal.....	124.05
"	30.	Hailman Print. Co...	101.23
Dec.	9.	Dr. Goodwin, salary Sept. 18 to Oct. 18,'08	100.00
"	9.	Interstate Med. Journal Co., printing Sept. Journal.....	116.05
"	12.	Dr. A. W. McAlester, salary Dec., '08.....	50.00
"	22.	Dr. Goodwin, salary Nov. 18 to Dec. 18, '08.....	100.00
"	22.	Interstate Med. Journal Co., printing Nov. Journal.....	152.15
1909.			
Jan.	12.	Schooley St. Co.....	3.05
"	12.	Dr. A. W. McAlester, salary Jan., '09.....	50.00
"	29.	Dr. H. E. Pearse, traveling expenses..	33.75
"	29.	Dr. Goodwin, salary Dec. 18 to Jan. 18, '09	100.00
"	29.	Interstate Med. Journal Co., printing Dec. Journal.....	157.10
Feb.	3.	Dr. A. W. McAlester, salary Feb., '09.....	50.00
"	16.	Robert Keith & Co..	73.00
"	22.	Fleming Print. Co..	68.50
"	22.	Interstate Med. Journal Co., printing Jan. Journal, '09.....	159.40
"	25.	Dr. H. E. Pearse, traveling expenses to Washington.....	92.75
"	25.	Dr. Goodwin, salary Jan. 18 to Feb. 18, '08	100.00
Mch.	11.	Dr. A. W. McAlester, salary March, '09....	50.00
"	17.	National Add. Co....	2.45
"	22.	Interstate Med. Journal Co., printing Feb. Journal.....	138.85
"	23.	Dr. Goodwin, salary Feb. 18 to March 18, '09.....	100.00
"	29.	J. H. Harris, P. M., K. C.....	21.44
April	7.	Dr. A. W. McAlester, salary April, '09....	50.00
"	16.	Hailman Print. Co...	17.00
"	16.	Schooley Co.....	2.15
"	23.	Dr. Goodwin, salary March 18 to April 18	100.00
"	23.	Interstate Med. Journal Co., printing March Journal.....	124.00
May	8.	Dr. H. E. Pearse, business to Jefferson City.....	55.26
"	8.	Van Dorston, carbon sheet.....	2.00

1909.

May 8.	Dr. T. M. McLemore, Nose and Throat Program	$ 11.00
" 13.	Dr. A. W. McAlester, salary May, '09, etc.	52.15
		$ 6,874.33
May 15.	By balance	7,217.94
		$14,092.27

J. FRANKLIN WELCH,
Treasurer.

RECEIPTS.

May 15.	Amt. cash on hand	$ 6,903.50
June 10.	Excess payment, Dr. Boyd	2.50
" 20.	Dr. E. J. Goodwin, Sub. for Journal	1.00
Jan. 2.	Dr. E. J. Goodwin, Sub. for Journal	2.00
June 23.	Transferred from Savings Bank to Peoples Bank	2,000.00
May 15.	Interest on daily bal.. Peoples Bank, 3%	53.65
" 15.	Interest on daily bal., Savings Bank, 3%	91.37
Adair County		38.00
Andrew County		14.00
Atchison County		28.00
Audrain County		40.00
Barry County		36.00
Barton County		26.00
Bates County		66.00
Benton County		32.00
Bollinger County		.....
Boon County		50.00
Buchanan County		176.00
Butler County		24.00
Caldwell County		48.00
Callaway County		42.00
Camden County		26.00
Cape Girardeau County		54.00
Carroll County		46.00
Carter-Shannon County		14.00
Cass County		56.00
Cedar County		14.00
Chariton County		56.00
Christian County		16.00
Clark County		12.00
Clay County		50.00
Clinton County		24.00
Cole County		28.00
Cooper County		28.00
Crawford County		.....
Dade County		.....
Dallas County		.....
Daviess County		26.00
DeKalb County		16.00
Dent County		16.00
Douglass County		.....
Dunklin County		16.00
Franklin County		50.00
Gasconade County		25.00
Gentry County		20.00
Green County		112.00
Grundy County		28.00
Harrison County		28.00
Henry County		64.00
Hickory County		.....
Holt County		36.00
Howard County		28.00
Howell County		$ 30.00
Jackson County		566.00
Iron County		8.00
Jasper County		66.00
Jefferson County		22.00
Johnson County		48.00
Knox County		6.00
Laclede County		28.00
Lafayette County		48.00
Lawrence-Stone County		56.00
Lewis County		22.00
Lincoln County		.....
Linn County		80.00
Livingston County		40.00
McDonald County		.....
Macon County		40.00
Madison County		30.00
Marries County		.....
Marion County		48.00
Mercer County		10.00
Miller County		26.00
Mississippi County		30.00
Moniteau County		46.00
Monroe County		44.00
Montgomery County		22.00
Morgan County		10.00
New Madrid County		.....
Newton County		.....
Nodaway County		63.00
Oregon County		.....
Osage County		.....
Ozark County		.....
Pemiscott County		16.00
Perry County		.....
Pettis County		70.00
Phelps County		20.00
Pike County		40.00
Platte County		32.00
Polk County		38.00
Pulaski County		24.00
Putnam County		12.00
Ralls County		20.25
Randolph County		42.00
Ray County		44.00
Reynolds County		.....
Ripley County		10.00
St. Charles County		32.00
St. Clair County		16.00
Ste. Genevieve County		26.00
St. Francois County		24.00
St. Louis County		78.00
St. Louis, M. S.		1,288.00
Saline County		30.00
Schuyler County		14.00
Scotland County		14.00
Scott County		42.00
Shannon County		.....
Shebly County		36.00
Stoddard County		38.00
Stone County		.....
Sullivan County		22.00
Taney County		8.00
Texas County		.....
Vernon County		58.00
Warren County		.....
Washington County		.....
Wayne County		.....
Webster County		34.00
Worth County		12.00
		$14,092.27
May 15.	To balance	$ 7,217.94

J. FRANKLIN WELCH,
Treasurer.